3 1761 04703022 6

Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation

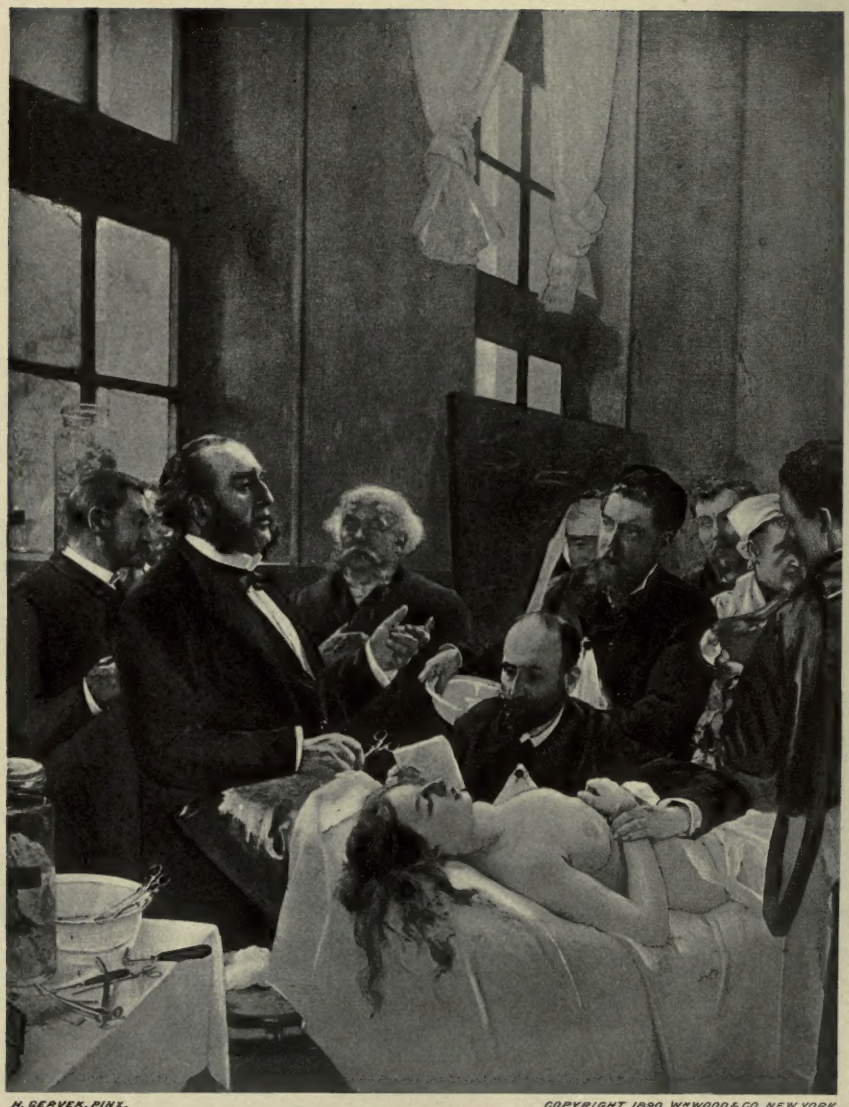
http://www.archive.org/details/innofrestdiverse00amesuoft

THE DOCTOR'S
RECREATION SERIES

CHARLES WELLS MOULTON
General Editor



VOLUME SEVEN



H. GERVEX, PINX.

COPYRIGHT 1890 WM WOOD & CO., NEW YORK.

THE INN OF REST

SEVERAL EPISODES IN HOSPITAL LIFE RELATIVE TO THE DOCTOR AND NURSE AND THE PATIENT

BEFORE THE OPERATION

Edited by
Sheldon H. Nurse



1904
THE SAALFIELD PUBLISHING CO.
NEW YORK AKRON, O. CHICAGO



THE INN OF REST

DIVERS EPISODES
IN HOSPITAL LIFE
RELATIVE TO
THE DOCTOR
THE NURSE
THE PATIENT



Edited by
Sheldon E. Ames

1905
THE SAALFIELD PUBLISHING CO.
NEW YORK AKRON, O. CHICAGO

Copyright, 1905,

by

THE SAALFIELD PUBLISHING COMPANY



Made by
THE WERNER COMPANY
Akron, Ohio

CONTENTS

	PAGE
The Quiet Inn Frederick Langbridge	7
The Invalid's World A. B. Ward	9
The Gibson Play Marguerite Merrington	43
In a Hospital Edgar Fawcett	63
In a Great Town Hospital F. P. Verney	65
The Voice in the World of Pain Elizabeth G. Jordan	83
Nurses a la Mode Eliza Priestley	99
Inner Life of a Hospital	117
Nurse Miriam's Call Adelaide C. G. Sim	145
Half-an-Hour's Chat with a Hospital Nurse The Rev. Algernon C. E. Thorold, M. A.	157
The Hospital Mistletoe Joseph Hatton	167
Pre-Christian Dispensaries and Hospitals	175
Nurse and Doctor Anna H. Drury	203
Hospital Scenes and Persons Walt Whitman	227
Nursing as a Profession Isabel Hampton Robb	237
The Red Cross Nurse J. E. V. Cooke	251
The Humors of Hospital Life	253

ILLUSTRATIONS

PAGE

BEFORE THE OPERATION *Frontispiece*

LANNEC 82

PENEL AT LA SALPÊTRIÈRE 190

PARÉ 250

PREFACE

The editor begs to acknowledge many courtesies extended by various trained nurses, physicians, editors, authors, and publishers in his preparation of THE INN OF REST for publication. It has been his aim to make this compilation a worthy companion to the other excellent volumes comprising THE DOCTOR'S RECREATION SERIES. A number of the selections are original in this work.

Copyright privileges have been extended by the Rev. Frederick Langbridge, A. B. Ward, M. D., The Century Company, Curtis Publishing Company, Life Publishing Company, Marguerite Merrington, Charles Dana Gibson, Edgar Fawcett, Elizabeth G. Jordon, Harper & Brothers, Charles Scribner's Sons, Isabel Hampton Robb.

PORTER DAVIES, M. D.

THE QUIET INN

By Frederick Langbridge

(One of the meanings of the word HOSPITAL is a guest-house or inn.)

Where, 'neath its ancient archway, dark and slow,
Creeps the Canal to the broad river's flow,
The clank of cranes, the song the ship-boy sings,
And the bright snow and dazzle of swift wings,
Back from the busy pavement but a pace,
Who will may enter a still cloistral place.
A no-man's land, midway 'twixt life and death,
Where the world's schemes are blurr'd to misty breath;
Where the near noises to the heart are far,
And the clock stands, and all things drowsy are.

This is the inn that turneth none away,
Where all are welcome, though but few can pay;
Where no man rattles dice or calls for ale,
But the guests' eyes are dull and their cheeks pale;
Where lamps burn late and all lie long abed;
Where chamber maids, by sleep unvisited
Move with so pure a pity in their eyes,
And stir their hands in so sweet ministries,
That many a one has fancied in the gloom
Angels did go about the hushful room.

This is the inn whence now and then a guest
Departs with sealed eyes and hands at rest:
A guest whose score is quit, and who now goes
To straiter bed but a more wide repose.

But commonly the caller turns him back
To the old work and life's familiar track,
Heal'd of his hurt, and strong and sound and whole,
Better'd and braced in body and in soul.

Ah, pray, forget not, by his bed of pain
One sat—and kneel'd—and words his heart did gain,
So rich and sweet, that through the dinning day
Their perfume clings and will not go away.

But come on tip-toe—prithee, come apart!
Come with a tear-bright smile upon your heart.
Enter a room where 'neath each coverlid
A drooping human blossom lies half-hid;
Where by the medicine-bottles' grim array,
Quaint toys are ranged upon a little tray;
Where bleat mild lambs, miraculously white,
And inch-high soldiers charge for King and Right,
And rosy dolls, that tiny mothers pet,
Make the pale cheeks that press them paler yet.

Ah, on those boards, what time the watchman calls,
Soft as a dream, I think, a footstep falls,
And on the head, its clustering ringlets shorn,
That tosses, tosses, tosses, night and morn,
Is laid a touch so magically kind,
That straight it wins the rest it could not find,
And the large wistful eyes like daisies close
In the long lull of beautiful repose.

And by this cot, where—scarce of human strain—
The shell-slight fingers pick the counterpane,
Gently He bends, and straightway o'er the face
There grows a holier calm, a tenderer grace,
A brooding peace, ineffable and vast;
Rest, rest, the perfect rest, has come at last.
Who is it steps so soft? that One who said,
Laying His hands upon the baby-head,
And smiling down exceeding tenderly—
"Suffer the little ones to come to Me."

Ah, friends! while sickness ever lies in wait
To scale the wall, or burst the fragile gate;
While peril strikes in every random hoof,
Pants from each funnel, hangs from every roof,
Lives in the summer's dust, the winter's rain,
And shifts forever with the shifting vane;
While every vital breath may prove a claim
To bear not Life's but her dark brother's name—
While man's frail bloom is to the flowers akin—
How should we fare without our Quiet Inn?

THE INVALID'S WORLD

By A. B. Ward

I.

THE DOCTOR.

WHEN I consider what the education of a doctor entails, what endless study and investigation, what patient labor; when I reflect upon the continual risks that he must take, the continual self-control that he must have, balanced by continual compassion; when I remember how he is ever contending in a face-to-face and hand-to-hand encounter with disease and death; I think that he should be an industrious and thoughtful, a brave and noble gentleman. To the invalid he is more. He is the master-mechanic of what may be a very troublesome machine. He is the autocrat of the table and of the lodging, of raiment and of exercise. His advent is the event of the day. His utterances are oracular, his nod Olympian. His learning is boundless, his wit irresistible, his goodness not to be disputed. He takes the responsibility of living off shoulders which tremble beneath it, assumes the battle with pain, and fights the sick man's duel for him. He condones the cowardice of shrinking nerves and puts them to sleep. He encourages and stimulates and bolsters the sufferer into shape again.

There is no relationship on earth like this between doctor and patient. He owns me, owns at least this arm he set when I was a boy, and these lungs whose every wheeze and sputter he recognizes as I do the voice of a familiar acquaintance. The mother who bore me has not so intimate a knowledge of my peculiarities, my penchants and antipathies; no friend, however faithful, is so tolerant of my faults or has such an easy way of curing them. He reconciles me to myself by a quieting powder, and starts me fair with the world once more. He? They,

I should say. There are a score of them, at least, each with a distinct personality of his own but all bearing the stamp of their genial, wide-awake profession. There is G. Can I not see him now, smiling down into his beard! I used to wonder if the smile lingered and lurked in that long grizzled beard of his after it left his lips. Dear old G., whimsical, kindly, lenient toward sinners and cynical toward saints, performing more than he promised, out of sight before gratitude reached him, doing good by stealth and half ashamed when found out! His slow comments, his dry humor, his quaint suggestions were better than his pills, and those were good enough. I can see him sitting among his "house-patients," at a table spread with Universal Food, cream toast, Prepared Wheat, soft eggs, barley coffee, and I cannot say what other limited and qualified article of diet; yet his smile betokens imperturbable benevolence, and his appetite for his own roast beef is undisturbed. I can see him, listening with the same amused, impenetrable smile to complaints which would nag another to madness. They did me. I sprang up from the table when the Liquid Food bottle began to circulate, but not soon enough to escape the long arm of an Ancient Mariner who asked me solemnly, "Did you ever try prepared sea salt for bathing?"

I glanced over my shoulder at G. He was as much amused by my actions as by those of the rest of the company. To him we were, alike, specimens of the human problem.

R. would have been ready to slay the humbugs in a week—keen, swift, sensitive R., the surgeon. He is as impatient as a thoroughbred that sniffs and paws at delay, striding up and down, uttering quick ejaculations, off like a dart as soon as the chance comes. Clean-cut and fine as he is in his skill, brilliant and sure of stroke as the lightning, as impatient of blunders and transgressed commands as he is of delays, but always full of tact, full of refinement, full of tender delicacy, especially toward little children. They tell a pretty story of him at the

Children's Hospital. Playing Doctor was the game and impersonating the house-staff its leading feature. "I'll be Doctor R.," one urchin was overheard saying, and he was followed by an indignant chorus, "That's just like you, Johnny Smith! You always take the best!"

Alive to the opinion of his patients is R. and giving them an absorbed interest in return for their trust in him, lying awake night after night in worry over a bad case, carrying it about with him under all the wealth of nonsense and speaking fun which makes him a tonic, under all the hopefulness and animation which challenge his patients to show fight and quit themselves like men. I would rather have R. to lead me to a charge in the battle for health than any one I know.

For a sturdy comrade, working shoulder to shoulder, day in and day out, give me wiry, plucky, generous, steadfast little S., making enthusiasm and mother-wit serve his lack of years, deeming no trouble too great to be taken, no trifling ache small enough to be disregarded, head and heart and willing hand in his work. The children hail him as a playfellow. We old chronics welcome him as we do daylight after a night of pain. We can unbosom ourselves completely, be as long and prosy as we please. His appetite for information on our case seems insatiable, and that particular case the most important in his book.

And what more shall I say? For the time would fail me to tell of "Gideon and Barak, of Samson and Jephthah, of David also and Samuel," of the sanguine doctor whose prescriptions are "going to fix you all right in no time," of the brusque doctor who takes delight in making savage remarks, the courtly doctor whose elegance and suavity fairly divert the patient from his own wretched condition, the entertaining doctor who achieves a like miracle by means of his newsy yarns; of the facetious doctor who tosses his hat on the bed and insists that you are shamming, the boisterous doctor who fills the house with an important noise, and the good-natured, broad-backed old fellow who is always saying,

"That's it; that's it!"

This one "tones" up the system with iron or quinine, that one "quiets" it with massage, and still another "feeds" it with malt and cod-liver oil. Here you find one with such a transcendent faith in Nature that he is willing to let her "take her course"; there, another, with corresponding trust in a "change of scene," who sends you from Dan to Beersheba, from the mountains to the seashore and back again.

But in spite of their hobbies, they're all hearty, wholesouled gentlemen; and it is a comfort even to have them take your pulse and temperature, they do it so cheerily and as if they were determined to work their best in helping you out of your troubles. Quacks there may be, "going to and fro in the earth and walking up and down in it," but it has never been my fortune or misfortune to meet them. There I cannot testify.

As for Homeopathy and Allopathy I must confess to a mature, masculine preference for sound, smacking doses. I like to feel that I am using big guns and plenty of powder. If I were young and tender perhaps bird-shot would have more effect on me. However, I drink to both sides, impartially, and wish them a long life and a busy one! "That'll be a-keeping the rest of us down," sighs my friend O'Rourke. "I never knew but one sick man who is well, now. He was too poor to have more than one doctor and he gave him up. So he got well." I don't want your opinion, O'Rourke. You are not an invalid, and that rules you out of this court. You belong with the Hogarths who nail the doctors on the wall as "Undertakers' Arms"; or with the newspaper wits who whet their tongues now on a mother-in-law, now on a dude, but oftenest on a medical man. We will wait until indigestion or a sprain humbles you cavillers before we allow you to cast a vote. It is only during the period of invalidism that doctors are appreciated, not before or after. This fact was noted by the old M. D. counseling his younger brother: "*Accipe dum dolet*,"—look out for your fee while he aches. As soon as he is well his understand-

ing is darkened and the importance of the doctor, along with that of the empty medicine bottles, is written in the past tense. Don't I think they are grasping? I think they want their money when they have earned it, but that is a failing common to so many of the human family that one ceases to remark it, even in doctors. The parsimony of the three professions, Law, Theology, and Medicine, in selling justice, heaven, and health, is something to be regretted, and is often resented. But until the State takes sufficient interest in her children to endow these professions, I fear we shall have to strike a bargain for the care of our souls and our bodies. It may be that living about in hospitals has given me an opportunity to see another side from that which you see, you who paid some hundreds of dollars for a consultation and sank half your fortune in an apothecary's shop; but so much generosity has come to my knowledge, unostentatious giving of skill, time, and money on the part of these "grasping" gentlemen, that—I cannot agree with you.

And they are so materialistic! Granted; but so far as my experience of them goes, blood and bones and flesh are decidedly materialistic substances, and I don't care to have mine treated spiritually. If I had, I should have gone in for the Faith Cure, or summoned the ghost of my great-grandfather—an eminently respectable physician in his day—to write one of his yard-long prescriptions for me. How it would puzzle the "physician's cooke," as a *liste* of that time terms the apothecary!

Just ask your doctor to give you a scientific diagnosis of your case. The high-sounding, mouth-filling titles will increase immeasurably your respect for your own viscera, notably if there is nothing but a rascally little biliousness to blame and he calls it His Excellency, Gastro-duodenal Catarrh. So far from corporeal substance being degraded, it is dignified by proper nomenclature and plain explanations. Ignorance, superstition, distorted ideas run more risk of materialism than science can.

As to the tax of irreverence, bless your heart! You must be a transient! No chronic would pass so super-

ficial a judgment. The absurdities and the nonsense with which acute sufferers and those continually in the presence of acute suffering fortify themselves and each other is well-known to the experienced. It is a sort of harmless heat-lightning, a letting-off of the accumulation of nervous excitement. The flippant, frivolous talk between surgeon and assistants over an etherized patient would startle and shock the sympathetic friends, to whom the scene is full of solemnity and pathos. But these brave fellows are feeling their way over immeasurable dangers, by slender paths where none but science can walk, with the infinite pains which science is willing to take, buoying up each other's spirits with fun and jest.

M. came to me the other day vowing vengeance on Dr. N. "He shall wait one while for his pay," he said angrily. "Wasn't the operation performed all right?" "Yes, but—" "Was the bill exorbitant?" "No, but, hang it! he *whistled* all through it," and the expression on his face showed that some one would have to perform an operation upon lacerated sensibilities before M. would consider himself a whole man. "Little Grandma," the hospital child, measured N. differently. She took a good look at him, turning her wee, wizened face over her crooked shoulder, and crying, "Go easy, mister, go easy!" but she was hushed and reassured the instant she saw how tender and pitiful was the glance that met hers. She trusted him, always, from that time,—even when he whistled.

The doctor who could not laugh and make me laugh I should put down for a half-educated man. It is one of the duties of the profession to hunt for the material of a joke on every corner. Most of them have so esteemed it. Garth, Rabelais, Abernethy, and a hundred or so more too near to be named, what genial, liver-shaking, heart-quickening, wit-waking worthies they were and are! To the son who loves her best, Nature reveals most of her tricks of workmanship. He knows there is a prize in every package of commonplace and sadness, and he can find it—not only the bit of fun shining to the eye of a

connoisseur like an unset jewel, but the eccentricity, the resemblance, the revelation, countless signs and tokens of the evanescent, amusing, pathetic creatures we call human. Heartless, grasping, irreverent? The deepest compassion for human ails, the broadest generosity for human needs, the highest respect for all that is strong and pure and holy in human lives, I have seen in the men who come closest to the mystery of Life and the mystery of Death, who read the naked heart when it is too weak or too sorrowful to hide its nakedness, who know our best and our worst, and are most of them wise enough to strike the balance. If they are cynics it is we who have made them so. We are the books out of which they learn their lessons. We point the argument and furnish circumstantial evidence for or against human frailty and the worth of existence. If they lie to us, or withhold the truth it is we who force them to it, with out appetite for *placebos*, our demand for large promises and taking titles—Sympathetic Powders, Magic Cure-alls, The Elixir of Life and of Perpetual Youth. They are gradually educating us out of the desire for these toys, and gradually, in consequence, growing more honest with us. We are willing to pay more for skill and less for a quart bottle of strong stuff. The "stomach-brush" would never flourish in our day. The old-time cathartic is no longer reckoned part of the household equipment, with the pepper-box and saltcellar. Physic is relegated to its proper place, serving the physician and no longer served by him. The practise of medicine is less, but the doctor is more, much more. What medieval miracle eclipses the wonders wrought by surgery? What pretense of ancient quackery is not more than fulfilled by the cunning craft which detects and deals with the subtlest disease?

They are never satisfied, these zealots. They never limit themselves by what has been, but are ever striving for the yet unattained. Eager workmen that they are, they must be continually planning new tools, new machines, new devices for the comfort and cure of their

patients. As fast as experience finds the need, ingenuity plans the instrument. It puts a cushioned rest under every wounded part, props and sustains and strengthens every weakened part, ministers without delay and in every conceivable fashion. More full of meaning now than when they were written are the words of Jesus, Son of Sirach: "Honor a physician with the honor due unto him, for the uses which ye may have of him.* * * The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration."

You don't think so, you outsiders who "take a man for all in all,"—but ten to one, drop the best part of him. You call this the rhapsody of an invalid, a bit of idealization—though idealization, as every one knows, like all alchemies, depends upon the presence in the dross of the metal it seems to create. I doubt if the picture of these men, as they appear to you, bearded or smooth of chin, well-dressed or careless, republican or democrat, with an open purse or dodging the subscription paper, pewholders or displaying no outward and visible sign of religion, is any truer than their picture as they appear to us, presiding over the Eleusinia of the operating-room, following disease into the very ribs and lungs of a man and cutting out its footprints, by the magic of hidden stitches sewing death out and life in, or turning a criminal into a Christian. There is an idea of Dr. Jackson and Dr. Morton cherished by legal records which represents them wrangling over the fame of inventing etherization. It sets one of them before us in an attitude of indolent self-seeking, and shows the other conspicuous for self-seeking of a more energetic sort. The sole thought of these two, for the invalid, is that they gave to agony the priceless gift of unconsciousness. The lips whose quivering ceased before the draught they brought will never open in aught but blessing of them—whatever figure they cut in the courts.

Another chapter might be written upon the ultra-professional offices of the doctor—if it were safe to tell of the ugly sights his courteous eyes see, the ugly sounds

to which he turns a deaf ear; of dangerous confidences poured forth in the loquacity of illness and which drop into his attentive soul, like a stone into a pool, and leave no sign; of his friendly counsels and encouragements, and his management of officious and meddlesome and troublemaking relatives; of his shielding the innocent from the guilty and saving the guilty from getting more than their due; of a thousand nameless deeds whose review brings smiles and sighs of grateful remembrance. By these and by the deeds we can more definitely name, let the invalid demand his right to judge the doctor's life at his focus, where energy and ambition are centralized.

No one cried toadyism when the courtier spread his cloak before the queen, or when the poet had so much to say about the divinity that hedges a king. No one would attempt to argue out of the peasant his reverence for the priest, by which the "cloth" of the latter is a surer protection to him than even chain-armor might be. Something of the allegiance of courtier and poet recognizing the sway and charm of the power which protects them, something of the devotee's appreciation of a life given to good works, prompts the applause of the invalid offered to the physician.

II.

THE NURSE.

THE Survival of the Fittest means more than length of days; it involves the mastery of the feeble by the forceful while life endures, the absorbing of little personalities by great ones, the supremacy of strength in love and in war. A poor look-out for sick folk were there not an obverse side—the parasitical dependence of weakness upon might. Strength has the right of way. He strikes out bravely with his brawny legs. But cunning Weakness sits astride the neck of the conqueror and rides more safely than he could walk. Rare is the invalid who goes unattended. With blandishments and carefuly composed witticisms, with grateful compliments and coaxing good-humor, many nurses are hired, especially if they are relatives and above regular wages or liberal donations of half-worn coats and dresses. The professional important for knowledge of her art, Cousin Jane solicitous about foot-warmers and the flavor of their broth, and Mrs. O'Flaherty from a neighboring attic, "tidying up and setting things handy," before she goes to her day's work—each has her price in coin of the realm or the heart. It is always possible to pay in one or the other; and in consequence, one nurse at least to every invalid, is ordinarily the proportion.

The advent of the professional is usually attended with mystery. The patient opens his eyes, after the confusion of delirium or the blank of stupor, and she is there by his bedside, offering a cooling drink or a dose of medicine. Whence she came or how he cannot tell. It seems to him in the first waverings of consciousness that she has always been there, that he is the late arrival. He watches

her, gliding about the room, moving chair or table into place, shading the lamp, and smoothing the tossed and tumbled counterpane. "Who are you?" he asks faintly. "I am only the nurse," she answers with a reassuring smile. "You mustn't talk. It's all right." A vague belief that if it isn't she will make it so possesses him. He feels protected and cared for, and drops trustfully off to sleep. When he wakes she is still on guard, but with nothing of the sentinel in her appearance; she is like a gracious hostess. Never questioning her claims, as he might under different conditions, he is content to be a pensioner on his own estates. More and more acquiescent does he become, subdued by the unaggressive personality which rules the apartment without crowding its inmate. There is no clashing of wills. Before he has named it to himself she has read desire or revulsion on his face and the object is advanced or removed. With a regularity as smooth and even as the swing of a pendulum, she airs the room, clears it of dust and disorder, feeds her charge, doses and diverts him.

Nights and days come and go, he cannot tell how many of them. They stand in his memory as so many alternate black and white lines, uneventful but rather soothing to think of. Suddenly, as suddenly as she came, the nurse takes her leave. The patient feels deserted, indignant. He is just beginning to realize how very ill he is. It is inhuman to leave him in the lurch. There can be no one who needs her more. He is ready to shoot the doctor for suggesting such a thing. He is convinced that he will have a relapse and is somewhat chagrined when he finds such a back-somersault impossible.

A man who "can do whatever is necessary" takes the vacant place. Enter stolid Carl, rich in vitality and impervious to scolding, mesmeric from superabundance of nerve and muscle. The very grasp of his hugh paw is invigorating. To be near him is like breathing the wholesome odor of kine or putting one's head on the neck of a fine well-groomed horse. In seasons of greater

debility the tonic would be too powerful. But now—the doctor was right; the time for scientific skill and methodical regularity is past. Flesh and blood stimuli added to ordinary attendance are all that is required. The invalid wants to pull himself up on his feet. Brute strength must be at hand to help him.

The instinct of self-preservation—one may as well call it by a high-sounding name—makes a perfect vampire of a sick man. It is not altogether watching, or care, or constant service, or the keen sense of responsibility which exhausts a nurse, nor all of them combined. It is the presence of a patient's famished body, taking in at every pore the nervous energy of whoever is near. The weakling pants for life. Life he must have. Give me your hand, Carl. Send the full charge of your human battery along my veins. That is better than wine, better than the broad, impersonal warmth of the sun. It is the quickening of pulse by pulse, the kindling of life by life. Strange and unaccountable are physical influences, but more potent in this world than men are willing to own. They are unheeded in the hurrying crowd, where electricity passes constantly with the jostling of elbows. But the sensibilities of the insulated invalid quiver like pith-balls when brought into contact with positive and negative forces. Certain persons give and others take from him the strength which is his carefully hoarded treasure. He rebels against proximity with one, and clings like a frightened child to another. To say that the well and strong are the attractive forces is not enough. Often they repel by those very characteristics. Goodness and virtue have little to do with it, and sympathy is but a moderate factor. The feeling is almost wholly unreasonable, and when examined proves as incapable of analysis as the woman's "I think him so because I think him so."

I liked Carl and detested Charlie, although the service of the latter was absolutely flawless and the former occasionally slept through an entire night undisturbed by a shower of pillows and the contents of the medicine glass. If I were well, either man would be judged "a good fel-

low" and passed with indifference. Invalidism has readjusted the scales so that mere fancy decides for the one and against the other. When well I could not endure Sambo. Ill, I look upon him as an inexhaustible fund of amusement. The manner in which he says, "Yes, sah," with a sanctimonious roll of his eyes and a minstrel grin, is delightful. It is a toy with a string which I pull as often as I please. The unfailing good humor of these dusky brethren is enormously in their favor as nurses. If ever a man detests the lean, hungry Cassius, it is when he comes to wait by one's bedside. You can forgive the blundering and fibbing and petty larceny, but you cannot forgive the bringing of fogs and damps into your presence. What if Sambo was flourishing around in my best claw-hammer after I was asleep. Awake, I was entertained by the cheeriest companion in the invalid world. Entertained? This is not down on the list of the nurse's obligations. It enters largely into the nurse's habit, however. Is it not so, my brothers? Have you forgotten Mrs. F.'s quiet joke or "Uncle T.'s" amusing yarns? Don't you remember "Mother C."? jolly bright-cheeked "Mother C.," the quondam farmer's wife, carrying her wholesome, homespun nature and quaint country phrases into her skillful "trained" work? It always seemed when she came in as if she came straight from the orchard or the dairy, and not merely because she would have half-a-dozen apples in her apron or a glass of milk in her hand. She used to act as if illness was a joke between you and her, an excuse for gaining extra goodies and special attention, a chance to laugh and be lazy when awake and to sleep prodigally when so disposed. She has persuaded you into believing it.—Ah, you remember. I see your bandaged heads nod and your drawn lips shorten into a smile, as across the dark background of painful recollections glide the figures of those who brightened an invalid's sorry lot, the various types of that potentate, the nurse. "Potentate, indeed! She acts as if she owned the establishment," sulks the head of the house. "She needn't come into my kitchen with her airs," wags the

tail of the house. And all the intermediate members look askance at the temporary queen who dares and continues to dare, with utmost serenity, assured of a strong position flanked by His Highness, the Doctor.

One of these masterful spirits I knew who had charge of a farmer's wife dying from over-work and need of nutrition. Four small children hung around the house-door, gaunt, hollow-eyed little wretches, following their mother as fast as youth and a naturally vigorous constitution permitted. The father, a grim old whiskerando, had always kept the desires of his family under his will and the key to the store-room in his overalls' pocket, doling out scanty rations and scantier pleasures as his whim decreed. The nurse's keen eyes and ready wit comprehended the situation. She planned an attack. "Go you to bed," she said sweetly to the despot. "I am accustomed to watch alone with my patients." And he climbed the attic stairs. As soon as all was still, a ghostly figure traversed the farmhouse and the adjacent buildings. It peered into closets and corners, hunted from kitchen to shed, from shed to barn and out-house. Finally, it seemed to find what it sought, a padlocked door. A few dexterous turns of a hatchet and the door broke open, disclosing row upon row of barrels and boxes.

"Humph," sniffed the nurse, "we'll see about this."

Back to the kitchen she trudged, and returned with a bucket in either hand. Flour, eggs, butter, and the like comestibles she rapidly transferred from their hiding-place to the long board table by the kitchen stove, while the farmer still snored peacefully above stairs unconscious that the enemy was in his magazine and all the next quarter's supplies were out at once. Softly but swiftly until dawn put an end to her opportunity, the nurse mixed and rolled out and put into the oven, until the pantry shelves were full and so was the long board table.—The mother died, and so did most of the children, but they smacked their thin lips over one generous meal in a life-time of prevalent hunger.

The invading nurse is no exception. Hers is the cru-

sader's zeal. She tilts against disease and death, as do the doctors, but her lance is often a pudding-stick, her armor the kettle and saucepan. How can she leave her juicy meats to be tampered with by an unregenerate cook whose mission is not the healthful but the palatable? How can she intrust her delicate custard, her savory beef-tea to an unappreciative being in whose category they rank as messes? Moreover, if an obstacle intervene her prowess and any dietetic material, she must break down, overthrow, trample upon the obstacle. The doctor does not say "give your patient chicken-broth if you can get a chicken." The condition is omitted. A chicken she must have, though the hen-roosts in the neighborhood suffer in consequence; and broth it must make if all the regiment of the kitchen are to be bound and removed from the path to the stove, as a preliminary to the boiling. So much for the region below stairs. Above stairs it is the duty of the nurse to banish every cause of annoyance. She must be a policeman driving away from her charge the noisy, the exciting, the disagreeable, even if she separate husband and wife, parent and child. "Hard lines!" sighs the patient, hearing a low utterance of the fiat which excludes some petitioner at the door. But in his inmost soul he is grateful for the shield as he nestles behind it.

H.'s wife is a treasure in this respect. The doctor has only to say, "Keep him quiet," and the angel Gabriel would be wheedled out of his trumpet if he put it to his lips when she was on duty. Once when H. was down with nervous prostration, some one actually died in the room opposite his without his knowledge. It was an old aunt who stopped on her way to seek medical advice in a neighboring city. She had had one fit and lived in hourly expectation of another. Of course a paroxysm seized her in H.'s house; there is a fatality about such things. Her companion was nearly as helpless as herself, what with fright and the strangeness of the place; but H.'s plucky wife was, as usual, mistress of the situation. She dragged a mattress

before her husband's door, muffling the sound of the sick woman's groans. Then, with the doctor's commands constantly before her, she watched both patients and guarded this one from that, as only a woman can guard the being she loves. Doctors came in numbers. The woman died horribly. The undertakers prepared her body for burial. It was placed in a coffin and borne from the house. And the nervous, watchful invalid, suspicious of every sound, knew naught of the guest save that she came and went. Now in one room, now in another, appeared the wife, answering H.'s questions, telling him stories, supplying his needs, and again in the midst of the trying death-scene governing and guiding the necessary arrangements. Six weeks afterward, when H. was riding out, she told him how it was. He didn't quite relish the bit of *finesse*, although he appreciated the tenderness which prompted it. No man enjoys being duped, whatsoever the object. He said nothing, but the next day, when Bridget fell down the back-stairs with a lamp in each hand, he was at the foot almost as soon as she landed. "If any one else dies in this house, I'm going to know it," he said, resolutely.

It may be that no professional will thus guard a patient. To affirm this is more complimentary to wedlock; and indeed it must be true that loyal affection will find ways and means unknown to common service. But the invalids have seen how patience and fidelity can dignify and ennoble common service until it becomes a graceful and gracious performance, if not a grand one.

The hub of the invalid's wheel of fortune is plainly the doctor. All things center in and revolve about his counsel. But the felloe is the all-embracing, all-sustaining influence of the nurse. By her interference the wheel runs smoothly, the outside world keeps its place, and every need of the small inner world is met and covered.

III.

THE VISITOR.

IT IS often a source of amusement to the owners of dogs or other pets to note the shallow subterfuges they employ in order to gain sympathy. Illness magnified to win soft words and caresses, a lame leg handled as cleverly as ever the begging impostor in the street handles his—these are common enough among the creatures to whom we stand as patrons and benefactors. We laugh at the trick; and yet, in that corner of our hearts where lie the tops and whirligigs of childhood, the rattles and straws once puissant and adorable, rests the machinery for similar maneuvers. The plaintive whimper of the baby whose fictitious aches were a passport to "mother's bed," the paraded bruise calling for her salve of kisses, the exaggerated cough that appealed for anxious fondling along with the "drops" administered—such were the screws and pulleys which the Infantine Inquisition brought to bear upon tender hearts. They fell into disuse when nursery despotism was exchanged for the equal rights of the playground, and remained hidden, almost forgotten, until sickness brought them to light. Out they came somewhere about the time we wished Dr. —— was not so determined to look upon us as a "case," and that Nurse —— would not consider broken legs an ordinary affair and sound ones the fortuity. An uncontrollable desire for the punch of human sympathy possessed our soul, a revolt from the matter-of-fact diet of the sick room, an impulse to throw all the old furniture out of the window and call for new. This was about the time we had our first visitor. And how we did enjoy it! How we posed as "one who has been through a great deal," rehearsing our ails and their remedies in glib

phrases which would have brought a smile to the lips of the M. D. from which we borrowed them, but which were to the appalled listeners a perfect Bugaboo, a Raw-Head-and-Bloody-Bones frightful in the extreme. We slept soundly that night and were ready for more visitors the next day. It was announced that we were "ready to see people," and the announcement was followed by the prophecy that we "would go right along now." We did. It was inevitable.

To say that the visitor ever takes the place of doctor or nurse is absurd, but there always comes a time when his aid is indispensable. There have been patients, superhuman or subhuman, who look to Mother Nature at the crisis of convalescence, but they were pretty certain to have a relapse. Alas, we fall at her feet as Heinrich Heine did at the feet of Venus de Milo, in agony of longing for sympathy; but our goddess answers as did his, "See I have no arms, I cannot help you." She has only her beautiful body and divine countenance. She cannot so much as lift a finger for the suppliant. It is worth something to gain the aspiration which comes from gazing upon her, from breathing the atmosphere of her goddess presence, strong and serene as she is; but she is utterly self-contained and devoid of "the fellow-feeling" for which we all, at one time or another, hunger and thirst.

That other divinity, who masquerades as a sort of modern Judith Holofernes, ready to off with your head at any moment, but who is in reality a soft-hearted dame, filled with the kindliest emotions as soon as she sees the doctor's gig at your door—I mean the fussy, good-natured old lady, Mrs. Grundy, is sure to give you a lift if you will take it. She has arms though she is not classic. She may do her best to make you uncomfortable while you are well, but once take to your bed and she is your devoted friend. She will tempt your appetite, strengthen your heart, be winsome and chatty and helpful—until she can set you up, like a ten-pin, for another knock-over. Possibly. But her goodness is genuine as long as it lasts.

Ladies to whom you are merely a name will send delicious dishes in to you. Men who shook their fists in your face at the last election will leave kindly messages at your door. Curly-headed children who resented all your advances when you met them in the street are all agog with eagerness to "come and see you." If it is true that all mankind love a lover, it is equally indisputable that all mankind feel in duty bound to nurse an invalid.

His desire to obtain sympathy is no stronger than their desire to offer it; and sympathy is not the only boon obtained from the visitor. There is a horrible resemblance between the inhabitants of a beleaguered city and the thoughts and feelings of a man who has been shut up to feed upon himself for days and weeks and months of unavoidable imprisonment. Let the newcomer send a fresh breeze blowing through the fever-filled apartment! Let him bring a feast and the appetite for it! Let him raise the cruel siege! It is an insufficient proverb which names variety "life's spice." Science defends the definition which makes it no less than the life itself. In weakness, more than in strength, the change must come from without. Inertia holds the sick man like a clod to his place. Monotony flaunts before him her grinding repetitions. It was an invalid, of course, who longed to die because he was tired of having his shoes put off and on. Yet another invalid and of the same sensitive French nation, delighted in being dressed to the end of his days and lived merrily among his friends.

More than sympathy and more than variety must my visitor yield. He must unite me with the world again. If there is only one of me I am a feeble, insignificant thing. If there are some twenty millions of creatures of whom I am one, I am part of a powerful body which rules, conquers, invents, philosophizes, and deports itself as the flower of creation should. My visitor is to remind me that I belong to this soul-satisfying majority and not to the sad, weak minority I had fancied as I sat alone in my easy-chair and forgot my fellows. For my solitary, sanitary lines of thought he substitutes the political out-

look, the question of Home-rule, or Eastern affairs. We discuss an improved engine or a torpedo boat. And he tells a neat epigram which J. got off the other day. I become proud of my connection with such a bright and forward race.

Opinions of my own sprout and grow. The strain which threatened to snap my self-possession relaxes. Emotions and ideas throw off the dust which clogged them. To sympathize is an instinct with those to whom it belongs; diversity of entertainment is a talent educated; but to lift a fellow-being out of the slough of self and to set him upon the firm ground of common interests and endeavors is a stroke of genius. Whoever can do this should be a professional visitor. He should follow in the wake of doctor and nurse, an equal member of the trade, licensed by the royal law of expediency to take his place and fill it as no one else can.

Nature? She is as much at fault here as in the bestowal of sympathy. She can soothe, but she cannot electrify. In order to get hope and courage and good advice out of her, one has first to read them into her as with music. But these independent creatures walking past us—and over us if we get in the way—have something about them which we did not put in, something which is not ourselves, and is therefore much more refreshing than the increase of an already abnormally developed *ego*. When they offer hope and courage and good advice, there is an actual plus and no differentiation.

But there are visitors and visitors, not alone the diverting, amusing allies, but those who add their burdens or the weight of a non-giving, absorbing vitality to the sick man's load. These talk in high, excited voices of what interests them solely, or tell of ails "a great deal worse than yours," and give elaborate descriptions of the case of X. or Y.—a provoking instance of carrying coals to Newcastle. They ask their thousand questions about your condition and follow you as closely as if you were a sworn witness for the defense and they the prosecut-

ing attorney. They insist with forceful argument and friendly zeal on cramming some diabolical patent medicine down your throat, will you, nill you. These are the sympathizers whose offering is a knife and a halter to the victimized patient. But any one of them is preferable to the mournful visitor who advances with the subdued air and looks into the face of the recumbent with the same expression which he, poor fellow, has seen her wear when she was performing her special duties at a funeral and looking into an open coffin. Whenever I see a certain one of these visitors coming, I know that I am considered a possible object, for she makes it her business to visit the afflicted, and her self-appointed mission is no secret. She has a smooth, placid face, and her voice is modulated by nature to utter words of condolence. But when she turns her eyes piously upward, "thanking her Heavenly Father" for what he has bestowed upon *her*, there is an unpleasant suggestion of the complacent old party in the New Testament who did the same, and, sinner that I am, I prefer to remain "afar off." No, no, fellow-creatures, give me what you can of spontaneous good-will but rid me of this barrel-organ of perfunctory pity! John, if that woman calls again, I'm out—I'm dead—I never was born! But the condoler has one virtue, quietness; and this is lacking in the pugnacious visitor, who informs you briskly, that your doctor is a fool and your nurse what she shouldn't be, that you'll never get well in this world if you don't turn them both out of doors and get a new outfit. An argument is useless. You might as well attempt to out-talk a March tempest. Even if you say nothing you are left in a sore and disheartened state, feeling very much as if you had had a "round" with a professional pugilist.

Satisfactory as any visitors are the children. They are apt entertainers and they can be sent home or told not to handle things. The minister's little girls, Martha and Mary, aged four and three, come in to see me once a week, and they always say a good thing or two before

they leave. Martha, true to her name, is "troubled about many things," and especially about Mary, whom she takes every opportunity to educate and discipline. "That," she said to her charge to-day, pointing to the Orphanage opposite my window, and her mien would adorn the Lady Principal of a Female Seminary, "that is where the little Orphans live. Mr. and Mrs. Orphan are dead."

"Yes," she replies to my inquiry if Mary is not a great care, "she has my crib, now, with me." "But where do you sleep?" I pursue, with a glance at Mary's ample little figure. "Oh," with a sigh which speaks volumes, "I sleep where Mary don't."

More lively are the interviews with young Augustus Cæsar from over-the-way, sent in by his mother to "talk to poor Mr. Ward, who hasn't any little boys and is all sick." Full of his errand he takes his stand directly in front of me, assuming an oratorical attitude, his legs far apart. Then he begins in a loud voice: "We've got 'leven little roosters over to our house." "That so?" "M-m-m" —the prolonged aspirate serving for an affirmative—"and they're all crowin'. My farver set twelve eggs and 'leven hatched and they're 'nuff growed up to crow. It's awfully funny." Here the gravity of the occasion is powerless to longer rein in the dimples of the orator. The audience laughs, too, in hearty appreciation. There are occasions when Church and State may flourish or fall without exciting a throb of interest in the palsied heart of the invalid, when the efforts of our brightest and best beloved are but a sorry defense against the blues; but the picture of " 'leven little roosters, crowin'," is irresistibly picturesque and exhilarating. It is like the sniff of a vinaigrette. I am no longer bored or indifferent.

Another visitor who never misses a welcome is the bringer of eatables. The article may be inferior to something scorned by the invalid appetite when prepared at home, but home talent never was appreciated in prophecies or puddings. The delicacy gets eaten, and a value is put upon it as a commodity by those who dis-

like to go to a sick-room empty-handed. Nowhere is the practise of "carrying something" to the invalid more general than in the country. But as to that, nowhere does visiting arrive at such perfection as in the one-streeted villages where the list of inhabitants is not too long nor their duties too varied to admit of frequent "dropping in" and "running over," particularly if there is a sufferer to be "set with."

The visitor enters easily by the unlocked front door, making a way, with occasional raps, into the family arcana. There is no resisting the lever of a question then. Can you refuse any piece of information to one who has learned your morning habits or your fondness for old shoes? He has your cloak, he may as well take your coat also. And he will. Are you a new arrival, diligent search is made for all available facts bearing upon your condition, spiritual and secular, the utmost pains being taken until you are sorted and arranged. If some movement of your own or Fate's shake you out of position, with the same eagerness the busy folk will rearrange you. It is not an ill-natured performance. It is gone through with as one goes through an avocation, a duty. Gossip is dragged before the eyes of men, not from diseased delight in it, but as sun and wind uncover and light upon carrion, simply and naively and as a matter of course. It is needless to state there is no demand for detectives in a region of this sort. To ask and to answer is the habit of all. A railing accusation brought against one young lady by an elder of the same sex was that in what was deemed an important affair she never told what she knew. If one can recover from a slight tingling sensation when being examined by the neighbors there is something pleasant and patriarchal in living near to each other's joys and sorrows. I do not know how it is now, but when I was a boy less than half a century ago, it was deemed a breach of etiquette not to wait upon the infant in its earliest stage of blush and wrinkle, to wish it luck or note its resemblance to its parents. The contrary extreme of life was equally well attended. When

any one went through the ceremony of dying, the neighbors were invited in and stood about the bed while the last breaths were drawn; very much as if they would "see" some one "off" on a journey.

This bestowal of interest and benevolence has its correlate in the ingenious demand for them. Ask a drink of a rustic and he will give you his family history while he is letting down the bucket. To withhold sympathy and to neglect to ask for it are social sins. Not to have a story to tell is to fail in an important particular. To tell it with all the mysteriousness attendant upon tragic recital is to shine as a visitor. "I knew she'd never get well," says Aunt Susan in a husky whisper and bending forward to shake a lean fore-finger in the face of the patient whom she is entertaining. "She was better on the Sabbath. Needn't tell me o' Sunday betterments." Cold tremors run up and down the spine of the sick woman who listens, but she would never think of refusing to hear the old-wife tales. They are part of the visiting program.

Under the auspices of Science, where visits are weighed and measured as carefully as medicines, as sparingly as smelts, Aunt Susan would have small chance to distinguish herself. And when the patient is able to make his own choice it may be that he will have neither Aaron nor Hur to hold up his feeble arms, will shut the door on the loquacious and noisy, the exciting and curious, as well as on their betters, and will invite the visitors who come silently, in forms which never startle, uttering no platitudes, but ever cheering, changing, inspiring, amusing—I mean the books. Therein the wisest and the wittiest, the traveler, the man of the world, and the scholar come and go as we will, utter as much or as little as we decree, and of their best.

But these are for the advanced convalescent. Until he can reach out his hand to take them there is ever to be found the visitor-in-the-flesh, often a better though humbler aid than the distilling of heart and brain sealed in written words. The native fruit found on its woody

stem, warm from the lips, the hand with the heart's blood pulsing to its finger-tips; these are better digesters of discomfort and *ennui* than sage sayings a hundred years old or a tale told in cold blood to a writing-desk.

IV.

HOSPITALS.

ALREADY, before Christmas, hearts are kindling with the Christmas spirit, and the season set apart especially by Englishmen to deeds of hospitality, is declaring itself to most of us with a rich loving kindness, redundantly kind. What more seasonable topic can there be, therefore, just now, than hospitals, their name and purpose being, in the truest sense, a part of hospitality?

Better still for the Christmas application of the word, they are essentially a part of hospitality as it has been interpreted by Christians. We have the word from ancient Rome. The *hospes* are guests, and whether of a private person or of a temple or of the whole state had a sacred character; Jupiter Hospitalis was their patron, and avenged their wrongs. The *hospitale* was the name of the guest-chamber in a Roman's house; that was the first idea of a hospital. The stranger introduced to his host by the recommendation of a third person, was safe within the gates of his protector, who was not necessarily his entertainer; for, after one dinner with the family, the stranger generally dined in the *hospitale*, and paid for his food. Among the early Greeks these customs of hospitality were kept alive by the religious notion that any unknown person might prove to be a god come in disguise. The guest of the Greeks, too, had Zeus for his peculiar friend. Besides social and political uses, there was mutual advantage to be had by Greeks and Romans out of their own customs of hospitality. The nursing of the sick poor formed no part of them with either people.

The crowd of sick people lying in the open air round about the temple of Æsculapius at Epidaurus, formed the

first rough sketch of a hospital for the sick in ancient times. Antoninus Pius caused a building to be furnished for the patients. Before that time, children were born there, and diseased people perished on the ground under the open sky—as temple-keepers told Pausanias with sorrow. The buildings attached to the temple of Æsculapius at Rome, on the island in the Tiber, formed also a receptacle for the sick. That the place had some resemblance to a modern hospital is evident from the decree of the Emperor Claudius, that slaves who had been sent thither for healing by their masters, should receive their freedom on recovering. The bridges Fabricius and Cestius connected the island of Æsculapius with the town. There are no other traces of a public care taken by Romans for the sick. But these foundations differ altogether in spirit from the hospitals for the sick which exist now by thousands throughout Christendom. The temple of the God of Healing was a place of resort for persons suffering under disease, who journeyed thither as men now journey to Bath or Leamington; but, in a more serious mood, for they went not only to spend money but to pray. Buildings erected for their use bore, therefore, quite as much an analogy to a pump-room and lodgings at a spa as to a set of modern hospital wards. This is nearly the case, too, with the only trace of a sick hospital found among the ancient Jews, the House of Mercy at Jerusalem, built beside the healing springs of Bethesda, probably by Herod the Great, that patients might await in it the movement of the water. The ancient world, in fact, was out of sympathy with the fundamental notion of a hospital, and would probably, if questioned on the subject, have given the answer of Shah Abbas of Persia; who, being asked why he had no hospitals in his domains, replied that they would be a shame to him, for where the government was good there could be no poor, no sick.

In truer sympathy with the realities by which they were surrounded, the Christian apostles began the new system of hospitality by urging constantly that contribu-

tions be collected for poor brethren. To memorable words of the Great Founder of our Faith, the modern hospitals owe their beginning, and the earliest of the bishops were most zealous to get money for the poor, the sick, the wayfarer, the orphan. Economy first dictated the collection of these objects of care in large buildings appropriated to their use; in such association many might be served by few attendants, and the means of help might be enlarged when cost was saved in food and lodging as well as in attendance. Already in the year 325, the Council of Nice had, among other business, to define the qualities and duties of hospital-master. Thirty-five years later Gregory of Nazienzen is found urging Julian the Apostate to imitate, by the building of hospitals and travelers' rests, the Christians whom he ridiculed. And, at nearly the same time, Basil the Great speaks of the early Christians as having developed the hospital system into completeness, and regards it as an institution quite peculiar to themselves.

This Basil, Metropolitan of Cappadocia, himself founded, about the year 380, a general hospital, called the Basiliad; which was, among the hospitals of its day and all time before it, what Saltaire is in our time to the English factories. Its situation was before the gates of its founder's especial seat, Cæsarea. The Basiliad was richly endowed by the Emperor Valens; and others arose on its pattern in the Morea, and in other districts of the Eastern Church. Twenty years after the completion of the Basiliad, John Chrysostom erected a great general hospital in Constantinople, spending upon it and other smaller hospitals a part of his own substance, as well as the superfluous riches of the Church. It is at about the same time—in the year 401—that we first read of lunatic asylums, which were then founded by monks, in the wilderness of Bithynia.

Many of the earliest hospitals were intended principally for the exercise of hospitality towards poor travelers—after the meaning of our St. Cross, or Sutton's Charity, at Rochester. Some were for rich travelers, who

also needed solace on the road. Towards the close of the sixth century, Bishop Bertichramnus built a hospital for poor nobles, and another for both rich and poor when on their travels. Another bishop, Aldricus, built a hospital for traveling bishops, counts, and abbots and another for the poor, sick, blind, and lame. In the eighth century we find laymen at work. In Lucca alone there were then three hospitals founded by burghers, and the German residents there were establishing, for their countrymen, a fourth.

The earliest known foundling hospital was established in the year 787, at Milan. The first approach to a hospital for crippled soldiers was that made in one of the most famous early hospitals, the great orphan asylum of the Greek Emperor, Alexis Comnenus, founded in the year 1090. Of this his learned daughter, Anna Porphyrogenita, testifies that it equalled a small town in size, and that the enormous host of poor cherished therein did not consist wholly of orphans; the place being also a refuge open to others who required support, especially the blind, the dumb, the lame. It was also, in express terms, open to decrepit soldiers—noble foreboding of our Invalides and Chelsea!

The bishops were at first the managers of hospital affairs; but, as the sphere of episcopal duties and ambitions widened, they devolved this care upon the deacons, who became hospital-masters; so that at last, says Thomassinus writing on Church discipline, diaconate and hospital became almost synonymous. The early popes distinguished themselves by founding many such charitable diaconates. In the time of Anastasius Bibliothecarius (the ninth century), there were twenty-four of them in Rome. The cardinals afterward got these and fattened on their funds. During a long period, fourteen cardinal deacons, named from chapels on the site of the abolished hospitals, Santa Maria in Via Lata, Santo Giorgio in Velabro, et cetera, have had the opportunity of pocketing the money of the poor.

Isolated divines first held office as hospital-masters in

the provinces; but as the monastic system grew, it, by degrees, absorbed the hospitals into itself. The vows of poverty, the religious functions, the knowledge, the abundance of leisure, and the numbers of monks gathered under one roof, made it appear both wise and natural to entrust them with the nursing of the sick and the attendance upon poor afflicted people in the hospitals. There even arose orders of monks and nuns—hospital brothers and sisters—vowed especially to hospital attendance.

The Crusaders brought into Europe the leprosy of the East, and gave rise to the building of leper afterwards pest houses. By the beginning of the seventeenth century they had fallen into disuse, but the number of ordinary hospitals had increased largely. According to their nature they had learned names, dating generally from the time of Justinian, and from the names we know how various in nature they had always been: the almshouses were *ptochotrophia*; if asylums for the old, *gerontocomia*; for children or orphans, *orphanotrophia*; for foundlings, *brephotrophia*; if they entertained and lodged strangers or pilgrims they were *xenodochia*; if for the lodgment of the sick, *nosocomia*. Plague houses had the military name of *Lazarettos* from the hospital of St. Lazarus, in which the outcast lepers, called Lazari, were received and tended by brothers of the order of St. Lazarus of Jerusalem. There were even medical and surgical, and lying-in and lunatic hospitals; long since there existed also hospitals for curables or incurables, and for special complaints, as diseases of the chest or smallpox.

We have cared only to speak of the birth of the Hospital System. Its modern growth may be traced in the familiar histories of such foundations as the Hotel Dieu at Paris, or of Saint Bartholomew's and Thomas's in London. Saint Bartholomew's dates from about the close of the period to which we have been now referring. In the year 1102 it was founded as a sick hospital in connection with the priory of the Dominicans of Saint Bartholomew. Saint Thomas's, was, in the first instance, a hospital for converts and poor children, founded as the Almonry by

Richard, a Norman prior of Bermondsey. Peter de Rupibus, Bishop of Winchester, soon afterward converted it into a priory, and endowed it handsomely. In the time of Henry the Eighth (who had enlarged and aided Saint Bartholomew's) it fell to the crown, and Edward the Sixth, with the help of the citizens, founded it as it now stands, and dedicated it to Saint Thomas the Apostle *vice* Saint Thomas à Becket. Such was the transition of sick hospitals in this country from monastic into purely medical control. The story of the Hotel Dieu in Paris is the story of the development of the Hospital system in countries that have remained under the discipline of the Roman Church. Founded in very remote times—as early as the year 660, by Landry, Bishop of Paris, endowed and enriched by successive generations of kings and citizens, it now owns whole streets of Paris, and is probably the wealthiest foundation of its kind in Europe. It is also, as everybody knows, one of the very best sick hospitals existing. Of such history we say no more. It has been enough for us to show how intimately the birth of the Hospital System is connected with the great event we celebrate at Christmas. They exist, indeed, literally and perfectly as a part of Christmas hospitality.

We have none heartier. No institutions in this country, maintained by public funds, are managed with a stricter reference to the end proposed in their foundation, than the hospitals for the sick in London, Edinburgh, Dublin, and the chief provincial towns. Not very many of them are endowed. Most of them, overwhelmed by applications from unhappy creatures who beg for relief when in the sorest need, strain to the utmost their powers of usefulness, and even spend by anticipation the increased help which the public will be asked to give. The English public very rarely fails to meet such bills drawn, not dishonestly, on its benevolence. Let us be just enough, before we pass further, to say that the mainstay of the European hospital system as it now exists—no longer in charge of the monks—is the right-minded liberality of the medical profession. Hospitals for the

sick are practically entrusted altogether to the control of this body of men; which might have mismanaged its trust, but has not done so. It has foregone every mean advantage and seized only a noble one. Using the masses of disease brought together in these great establishments as means of study, for the sake of experience that can be acquired in them by skilled men, and of the practical knowledge that can be imparted to the student, the profession undertakes, gratuitously, to supply them with the best attendance that its ranks can furnish, to watch over them jealously, and to protect them with all its might against the black spirit of jobbing. There are many littlenesses manifested in the medical profession; but this is a greatness. The relation in which it stands to the hospital system throughout Europe, forms indeed one of the best features of modern civilized society.

There are also many phrases cherished by the nation and inscribed by it on flags of triumph, which are not so generally glorious as the inscription commonly seen running across the walls of a great hospital—Supported by Voluntary Contributions. How large a mass of quiet charity, exerted year by year, keeps every such establishment in action!

THE GIBSON PLAY

Marguerite Merrington

Author of Mr. E. H. Sothern's Play, "Captain Lettarblair"; "The 'Crawford' Play," etc.

A Two-Act Comedy Based Upon Mr. Charles Dana Gibson's Series of Pictures of "A Widow and Her Friends," Published in *Life,* Made with the Full Permission of Mr. Gibson.

PEOPLE OF THE PLAY.

THE WIDOW, ELINOR CARY, a Gibson Girl.

THE AUTHORESS, ARABELLA BABBLES, too stout to be a Gibson Girl.

THE SUITORS, MR. SLOCUM, M. VALLONVILLE, MR. POOR, MR. ASHBURTON.

THE LAWYER, KATE HOOD, another Gibson Girl.

THE DOCTOR, DOCTOR BOTTLES.

THE MAID, ROSINE.

THE LOVER, FREDDIE MARSHALL.

Time, the present.

Costumes, the latest mode.

THE FIRST ACT.

(*Discovered,* ROSINE, *at table, opening florist's boxes.*)

ROSINE: Carnations, lilies, violets, and roses—as usual! And as usual Madam orders them to be sent to hospitals. This perpetual mourning is grating on my nerves. If Mrs. Cary doesn't soon begin to take notice I shall give warning. It injures one's self-respect to stay in a place where the drawing-room furnishes no material whatever for conversation in the kitchen. (*Ring at front door.*) There's carnations now! And I've got to tell the poor dear man that Mrs. Cary is not at home. What if I—dare I?—yes; I will! (*Hastily turns man's portrait face down on table and places carnations in vase by woman's portrait.*) There! (*Ring repeated.*) Coming, coming! (*Takes salver and goes to door.*) It's for your own good I'm keeping you. (*Opens door.*)

MR. SLOCUM (*at door*): Mrs. Cary—?

ROSINE: Not at home, sir! (*Receives card.*) But, of course, you know that that is mere fiction.

MR. SLOCUM (*amazed*): Eh? (*Enters.*) What!

Cary's photograph turned down, and my flowers beside hers!

ROSINE (*closes door behind him*): As you say, Mr. Slocum, it is significant!

MR. SLOCUM: Significant! I should say so! (*Arranges flowers.*) I wish I'd sent her the full dozen! (*Takes rose from a box and adds to carnations.*) There, that fills them out! Tell her I'm here! Yes, yes (*as* ROSINE *hesitates*), I'll—as future master of the house—take the responsibility.

ROSINE: Very well, sir. (*Ring.*)

MR. SLOCUM (*as* ROSINE *goes toward door*): Wait! Get rid of the other fellow, first! It might create envy! (*Tiptoes into library singing Wedding March.*)

ROSINE (alone): Envy! ha, ha, ha! (*Ring repeated in nervous jerks.*) Now for lilies. (*Substitutes lilies-of-the-valley for carnations.*) Don't do that! (*as rings are repeated.*) You make me nervous! (*Opens door.*)

M. VALLONVILLE (*at door*): Madame ze Vidow Cary—? (*Gives card.*)

ROSINE: Not receiving, sir—which is only an English idiom.

M. VALLONVILLE (*amazed*): Mais certainment! (*Enters.*) Quoi donc! My leelies!

ROSINE: Monsieur, you are quite right; it is marked!

M. VALLONVILLE: She notice zem at last—my leelies, so pure, and so expenseef! (*Adding rose to lilies.*) Announce me to Madame! Yes, I absolve you; as head of the household I absolve you. (*Ring.*) Vait! A rival! I conceal myself, lest I kill him! (*Skips into library singing Wedding March.*)

ROSINE: Ha, ha, ha! Now violets, it's your turn! (*Changing flowers.*) If you do that (*as ring is repeated in couplets*) I'll send you to the hospital! (*Opens door.*)

MR. POOR (*at door, giving card*): Mrs. Cary continues to see no one, I suppose?

ROSINE: True, sir! But you mustn't infer that she has lost her sense of sight.

MR. POOR (*puts on glasses amazed*): Bless my soul! (*Enters.*) Eh, what's this!

ROSINE: You're as modest as your violets, Mr. Poor, if you don't call it pointed—pointed!

MR. POOR (*adds rose to violets*): Take my card! Yes, yes, I suppose no one has a better right! (*Ring.* MR. POOR *signs silence to* ROSINE *and waddles off into the library singing Wedding March.*)

ROSINE (alone): Ha, ha, ha! And now for roses! (*Changes flowers; puts one rose in vase. Ring continues without pause.*) Coming, coming, coming! (*Opens door.* MR. ASHBURTON *at door gives card and turns to go.*)

ROSINE: Mrs. Cary begs to be excused, sir!

MR. ASHBURTON: Quite so!

ROSINE: Pardon, sir, it is not quite so! I am sick of these social metaphors.

MR. ASHBURTON (*puts monocle into eye*): How quaint. (*Entering.*) What do I see there! Yes, it is my roses, or more truly, it is my rose.

ROSINE: Conspicuous, indeed, Mr. Ashburton! It's not my place to supply Madam's callers with adjectives, but in a witness-box I should swear that it is conspicuous.

MR. ASHBURTON: Tell her I'm here. (*Sits at piano.*)

ROSINE (*removes rose from vase*): At your own risk!

MR. ASHBURTON: Of course; every man marries at his own risk. (*Picks out Wedding March on piano. The other* SUITORS *enter from library and look at him inquiringly.*)

ROSINE (*with four cards on salver*): Gentlemen, I may have to keep you waiting. Doctor Bottles is with Madam; also the famous authoress, Miss Babbles, is reading to her.

SUITORS *signify assent;* ROSINE *exit, screen. A pause follows, during which* SUITORS *assume proprietary attitudes, each glaring angrily at the others.* MR. ASHBURTON *strums Wedding March,* MR. POOR *hums it,* MR. SLOCUM *whistles it, and* M. VALLONVILLE *tattoos it on hat with cane.*

ROSINE (*entering, screen*): I am very sorry, gentlemen! There is some misunderstanding! Mrs. Cary——

SUITORS (*together*): I understand! (*They prepare to go. Imperative ring; the* SUITORS *pause, while* ROSINE *opens door.* FREDDIE MARSHALL *enters.*)

ROSINE (*preventing him*): Pardon, Mr. Marshall, but Mrs. Cary——

MR. SLOCUM: Is not at home!

M. VALLONVILLE: Does not receive!

MR. POOR: Sees no one!

MR. ASHBURTON: Begs to be excused!

FREDDIE *glares at them angrily, strides into library.* SUITORS *exclaim amazed.*

MR. POOR (*oratorically*): The time has come to speak!

M. VALLONVILLE: But we have not been introduced!

MR. ASHBURTON: Hang ceremony! We have met here daily for three months, ever since that memorable night we spent on yonder doorstep, each waiting to be first to offer condolences to the widow.

All bow, hand on heart, repeating, "The Widow!"

MR. POOR: The errand of each is the same—the Widow! (*All repeat,* "The Widow!") When, lo! enter, with masterful air, a stranger! (*Shakes finger toward library.*) We must combine against this stranger! We must form a syndicate—a Widow Trust!

ALL: Excellent! A Widow Trust!

MR. ASHBURTON: But she can't marry all four of us, you know.

MR. POOR: She shall choose from among us!

MR. SLOCUM: But how can we read her inclinations when she always is not at home?

MR. POOR: Gentlemen, it is evident we need an accomplice. The maid seems exceptionally bright.

ROSINE (*advancing*): Well, sir, you see I was born in Boston—though I call myself Rosine, like a toilet preparation, else no lady would trust me with her hair. Gentlemen, leave it to me! When Madam takes her daily drive you can learn the state of her inclinations according as she wears carnations, lilies, violets, or roses.

SUITORS: Superb idea! Hurrah!

They join hands and dance around table, singing the Wedding March in different keys. FREDDIE MARSHALL *utters angry exclamation and overturns chair in library.* SUITORS *steal off by front door, singing under breath.*

FREDDIE (*comes from library, and watches them from window*): Fools! I suppose they want to marry her! And no doubt she encourages them, as she did me, and will break their hearts, as she has broken mine. (*Sighs.*)

KATE HOOD (*in lawyer's cap and gown, coming down stairs*): I wonder if I can't help mend that broken heart—Mr. Marshall!

FREDDIE (*turns*): Miss Hood! (*They shake hands.*)

KATE: I asked you to call on a business matter connected with Mrs. Cary's estate. (*Sits at table.*) Well—are you in such a desperate hurry to get back to South Africa?

FREDDIE (*moving about restlessly*): Yes!

KATE: Ah, then you still love her!

FREDDIE: What has that to do with this business matter?

KATE: Everything! The estate you are to inherit on your thirtieth birthday has a claim against Elinor's inheritance, which, if pressed, may impoverish her.

FREDDIE (*indignantly*): Then it sha'n't be pressed!

KATE: But you have no power to prevent it! However, I see my way to a compromise, if there were a reasonable chance that the two estates would ultimately be fused. Mr. Marshall, you love Nellie—why don't you marry her?

FREDDIE: Miss Hood! Surely you forget——

KATE: I forget nothing!

FREDDIE: She flirted with me outrageously——

KATE: And you ran away!

FREDDIE: She married Cary——

KATE: Let him rest in peace!

FREDDIE: She doesn't love me——

KATE: How do you know?

FREDDIE: If I dared hope—but, no! Make any arrangement in my name, Miss Hood, but please understand that I never, voluntarily, will look upon her face or hear her voice again! (*Walks with decision toward front door.*)

WIDOW (*in alcove, calls*): Rosine!

FREDDIE (*pauses at door*): Her voice!

WIDOW: Draw the curtains, Rosine!

ROSINE: Yes, Madam!

Draws portieres, disclosing WIDOW *on couch,* DOCTOR BOTTLES *and* MISS BABBLES *sitting beside her.*

FREDDIE (*aside*): Elinor! More beautiful than ever! (*Sits, unseen from alcove;* KATE *retreats toward arch.*)

ARABELLA (*reading*): "And the moral of it is, 'Tis better to have loved and lost than never to have loved at all."

WIDOW: Thank you, dear!

ARABELLA: I'm not tired, dear. Shall I go on?

DOCTOR BOTTLES: Another time! It is too exciting for our dear patient here! (*Feels* WIDOW's *pulse.*)

ARABELLA: The next chapter is quite soothing—almost commonplace. You see they're married.

WIDOW: Married! (*Handkerchief to eyes.*)

ARABELLA: Or I could skip to the sensational part where she's free and the old lover comes back.

WIDOW (*shudders*): Oh, no—not that!

DOCTOR: Another day, Miss Babbles. One must never overdo a dose—I mean a treat. (*Assists* WIDOW *to rise; leads her forward.*) Then it's settled—you'll come to me for a little quiet dinner to-night?

WIDOW: Oh, doctor, I should love to—if you don't think it seems—unmindful! (*Handkerchief to eyes.*)

DOCTOR: My dear soul, not at all! Constancy is all very well; constancy is beautiful, but it can be combined with other emotions in the same prescription. (*Looks about.* ROSINE *is busy arranging cushions;* KATE *and* FREDDIE *are unseen;* ARABELLA *is listening.*) Miss Babbles, won't you honor me with your distinguished autograph? You'll find pen and ink in the library. (*Pushing her toward arch.*)

ARABELLA: Oh, but Doctor, I always carry a number in my pocket! (*Produces package.*)

DOCTOR: But I want one written especially for me—with an original sentiment (*Pushing her*)—in the library.

ARABELLA: Oh, but I have a fountain pen in my pocket in case of inspirations. (*Writes.*)

DOCTOR: Mrs. Cary—Elinor—I can't keep it from you any longer! (*Takes her hands.*) My home wants a head!

WIDOW (*innocently*): A head?

FREDDIE (*disgusted, aside*): I should say it did. He has none! (*Knocks over chair.*)

WIDOW and DOCTOR (*start apart*): What's that!

KATE (*steps forward*): Only a demurrer! I looked in on my way from court to settle some business with Mrs. Cary, if you'll excuse her, Doctor.

DOCTOR: Bother! I mean, with pleasure, Miss Hood! I'll be back for you ladies in half an hour. (*Exit hastily.*)

ARABELLA (*pursuing him*): Doctor—my autograph! All right! (*Spitefully.*) I'll change the sentiment!

WIDOW: Well, Kate, what is it? I'll sign anything you please, only don't expect me to understand it.

KATE: My dear Nellie, I know your present horror of men, but it is necessary to this matter that you should confer with a specimen. (*Leads* FREDDIE *forward.*) Permit me to introduce to you the party of the second part.

WIDOW (*bows, eyes on ground*): Mr. Party!

KATE: This gentleman's estate has a claim against your estate which can be amicably adjusted in a few minutes, with your consent.

WIDOW (*eyes still lowered*): It's very kind of him! I consent to anything!

FREDDIE (*hands outstretched*): Nellie!—I mean, Mrs. Cary!

WIDOW (*looks up*): Freddie!—I mean, Mr. Marshall!

ARABELLA: How romantic!

WIDOW: I consider this a very unmanly trick!

KATE: Naturally, it is unmanly, since it emanates from me! But you two have not met for so long—shall we leave you to renew your acquaintance?

WIDOW: Certainly not! I wish you all to remain so that every one may know that nothing is said which would not be said if no one were present. I wish it understood that Mr. Marshall is nothing to me!

FREDDIE: I wish it understood that Mrs. Cary is less than nothing to me—several degrees below zero!

WIDOW: You all hear that! His old disagreeable way!

FREDDIE: Nellie darling!—I wish it understood that when I say "Nellie darling," it is merely from force of habit—an old, bad habit.

WIDOW: If Mr. Marshall has any compromise to offer I refuse to accept it!

FREDDIE: I refuse to accept Mrs. Cary's refusal to accept my compromise.

WIDOW: I refuse to accept his refusal of my refusal to accept his compromise.

KATE: My dear, be reasonable! What if the alternative were destitution!

WIDOW: I'm not afraid of poverty.

ARABELLA: You've never tried it. You're not an authoress! (*Sadly.*)

ROSINE: Oh, Madam! No more Paris frocks!

WIDOW: One plain black dress will last me for the remainder of my days. Rosine can alter the sleeves as the fashions change.

KATE: But, Nellie, you won't be able to afford a maid.

WIDOW: Oh, I couldn't do without Rosine! Besides I can earn money. I can sell cake to the Woman's Exchange. Cook can show me how to make it. We need discuss it no further. Rosine, bring my bonnet and wraps; it's almost time for the Doctor. (ROSINE *brings bonnets and wraps to* WIDOW *and* ARABELLA.)

KATE: There is one aspect we have not considered. If we contest this case successfully we may have the pleasure of ruining Mr. Marshall.

WIDOW: Oh, Kate! How mean of you to think I should find that a pleasure. I'd sooner give in!

FREDDIE: I absolutely refuse to accept any concessions from Mrs. Cary. I prefer to let her ruin me.

WIDOW: I refuse to ruin you! Not because it's you; but just as I should refuse to ruin a beggar in the street!

KATE: Then you shall have to meet each other half way! (*Has written on paper.*) Here is an agreement that will solve the difficulty. Please look over it.

WIDOW (*tying bonnet*): I shouldn't understand it if I did.

FREDDIE (*reads*): But it gives all the advantage to me!

WIDOW: I prefer it so. My gloves, Rosine!

FREDDIE: Really, Mrs. Cary, I can't accept the sacrifice!

WIDOW: Sign it! Sign it! He always did want the last word! (*Freddie signs.*)

KATE: Now, Elinor, please read it before you sign!

WIDOW (*takes pen*): No need to! I'm more than satisfied if I have annoyed Mr. Marshall by putting him under obligations to me! (*Signs.*)

Ring. ROSINE *admits* DOCTOR BOTTLES. SUITORS *appear, looking in at window which they open stealthily.*

DOCTOR: Are you ready, my—my dear?

WIDOW: Quite ready, Doctor! We have just disposed of some tiresome business. Bring me some flowers, Rosine! (ROSINE *brings carnations, lilies, violets, and roses, and pins them on* WIDOW.)

MR. SLOCUM: My carnations!

M. VALLONVILLE: My leelies!

MR. POOR: My violets!

MR. ASHBURTON: My roses!

They leap in at window and fall on their knees before WIDOW, *proposing to her all at the same time.*

DOCTOR (*advancing*): Gentlemen, this lady is under my protection!

FREDDIE (*rushes forward with paper*): Mrs. Cary is under *my* protection!

ALL: Yours!

FREDDIE: Over her own signature—for the next three months—Mrs. Cary is engaged to me! (*Waves paper.*)

WIDOW (*shrieks*): Freddie!

Faints in arms of KATE *and* ROSINE. ARABELLA *faints in arms of* DOCTOR BOTTLES, *who puts her in chair.* SUITORS *groan.*

End of First Act.

THE SECOND ACT.

Discovered: WIDOW, ARABELLA, DOCTOR, *removing wraps.* ROSINE *kneeling by open trunk. Bicycle, golf outfit, fishing-rods, easel, stacked in corners.*

DOCTOR: An ideal spot! All scenery and solitude!

ROSINE (*aside, disgusted*): Solitude!

ARABELLA (*at window*): Ah, the dear scenery—where every prospect pleases and there are no men to offend!

WIDOW (*anxiously*): You are sure there are no men!

DOCTOR: Not a sign of one. I ascertained that before we came.

ROSINE: What dress will Madam wear to-night?

WIDOW: Oh anything! Since there's no one to see I might wear out that unbecoming black. (ROSINE *unpacks dress, exit R.* 1.)

WIDOW: You don't think any one could find us here?

DOCTOR: My dear, impossible! We came by such a roundabout way—and we left no address!

Enter ROSINE *with florist's boxes.*

ROSINE: Madam—here is a surprise! (*Shows flowers.*)

WIDOW: Why—how mysterious!

ROSINE: Mysterious, indeed! (*Aside.*) They must have received my postal cards!

ARABELLA: Highly improper—since you are engaged!

WIDOW: You forget—my engagement ends to-day!

ARABELLA: Still, since you are renouncing men, don't you think you should return them?

WIDOW: Oh, no! Rosine can give them to the patients!

ROSINE: What patients, Madam?

WIDOW: Don't you know that this is a sanatorium?

DOCTOR: My dear, I forgot to mention the landlady says the place is so healthy that the last batch of invalids went home cured.

WIDOW: Why, Doctor! How, without invalids, can I study nursing?

DOCTOR (*takes* WIDOW'S *hand*): Theory comes before

practice. I shall instruct you daily from the manual, and then—(*aside*) I shall fall ill myself.

WIDOW: Let's begin! I'll put on my nurse's uniform, to get into the atmosphere!

ROSINE *unpacks uniform.*

ARABELLA (*at window*): Gracious—four men coming up the road. (*Sensation.*) I wonder who they are!

ROSINE (*aside*): My postal cards! Carnations, violets, lilies, and roses!

WIDOW: Probably they are invalids!

ARABELLA: Invalids! Golf, fishing-rod, tandem and easel!

DOCTOR (*looking through field-glass*): Invalids! They are tourists! I'll bribe the landlady not to let them in.

WIDOW (*detains him*): Oh, no! with golf and wheels there may be accidents and invalids. Besides I must get accustomed to the sight of men—in groups! (*Exit R. 1, followed by* ROSINE *with uniform.*)

DOCTOR: I'll bribe the landlady to board them at the second table, and lodge them in the barn! (*Exit R. 2.*)

ARABELLA: If they attempt to make our acquaintance I'll talk to them! (*Exit R. 2.*)

Enter L. 1. SUITORS. *Each one carries a traveling-case and rifle;* MR. SLOCUM *also has rod;* M. VALLONVILLE *pushes tandem;* MR. POOR *carries golf outfit;* MR. ASHBURTON *has easel, artist's umbrella and camp stool. They pant, exhausted.*

MR. SLOCUM: Here we are at last!

M. VALLONVILLE (*points to flowers*): We are here already!

MR. POOR (*indicates* WIDOW'S *hat*): Here she is!

MR. ASHBURTON (*indicates* ARABELLA'S *and* DOCTOR'S *hats*): Here they are!

Enter ROSINE.

SUITORS: And here's Rosine!

ROSINE (*exclaims*): What a surprise! (*All laugh.* SUITORS *set down burdens.*)

ROSINE (*nervous*): But—those guns! Mrs. Cary is terribly afraid of firearms.

SUITORS: So are we! They are only loaded with harmless cartridges.

WIDOW'S *voice within, calling* ROSINE.

ALL SUITORS: The Widow! (*bow; hand on heart.*)

ROSINE: Gentlemen, a hint! This is a sanatorium. (*Points to screen.*)

SUITORS: A sanatorium!

ROSINE: And Mrs. Cary is head nurse!

SUITORS: Head nurse—Mrs. Cary!

ROSINE: What a pity that you gentlemen enjoy such robust health! (*Exit R. 1. carrying dresses.*)

MR. POOR: I move that we are all very ill!

SUITORS: Carried! We are all very ill!

Join hands and dance around table, singing Wedding March. DOCTOR *is heard speaking to* ARABELLA. SUITORS *make signs, and steal on tiptoe behind screen.*

(*Enter R. 2.* DOCTOR *and* ARABELLA. *Enter R. 1.* ROSINE *carrying hot-water bags on tray. Enter L. 1.* KATE *and* FREDDIE, *who draw back into shadows of curtains. Enter R. 1.* WIDOW *in nurse's uniform.* SUITORS' *heads seen above screen.*)

DOCTOR: Now, we will begin with a few simple rules. (*Takes* WIDOW'S *hand. Looks around.*) Miss Babbles, have you admired the scenery? (*Pushes her toward window.*) Count the mountains! (*Returns to* WIDOW.)

ARABELLA: But, Doctor—there's only one!

DOCTOR (*pushing her back*): Well count it, count it! And then count the pines! Now, I am the patient! (*Pulls armchair to centre.*) I sit here! But the nurse must not fatigue herself! (*Pulls up small chair.*) You sit by me! Now, let me feel your pulse!

WIDOW: I thought you were the patient!

DOCTOR: To be sure! Feel my pulse! Keep on feeling it while Miss Babbles slowly counts a hundred pines! (SUITORS *show jealousy.*) Excellent! Do that frequently. (*Draws manual from pocket.*) To this manual I have added a few directions for the particular kind of nurse I want you to be. Begin with the chapter headed Sympathy.

WIDOW (*reads*): "Show a tender interest in your

patient's welfare. Love your patient." (DOCTOR *smiles complacently, and the* SUITORS *show jealousy.*)

DOCTOR: Now I'll slip into bed that you may practice soothing an anguished brow! (*Goes behind screen.* SUITORS' *heads disappear over screen. They groan.*)

WIDOW: What's that!

ROSINE: The patients, Madam! Four gentlemen have just arrived in a terrible state of nervous protestation, complicated with disorder of the heart! (*Draws screen aside, disclosing row of cot beds, containing* SUITORS *and* DOCTOR, *fully dressed.* SUITORS *duck under bedclothes.*)

WIDOW (*claps hands*): Oh, some real, live invalids! Let's see. (*Opens manual.*) Sympathy! I sympathize with you all! Let me feel your pulses! (*Goes to each, feeling pulse, smoothing pillow, etc.*)

DOCTOR: Mrs. Cary, you are forgetting *my* anguished brow!

WIDOW: Oh, but Doctor, you are only make-believe ill, while these poor souls—just listen to them! (Suitors *groan.*) Here are some blossoms! (*Distributes flowers.*) I take the tenderest interest in your welfare.

DOCTOR: That is not necessary, Mrs. Cary!

WIDOW: The manual says so. (*Reads.*) "I love you!" (SUITORS *chuckle.*)

DOCTOR: Hot-water bags would be better!

WIDOW: What, on the anguished brow? (*Puts hot-water bag on* Doctor's *head; he yells with pain;* SUITORS *roar with laughter.*)

DOCTOR (*rising*): That will do, Mrs. Cary! We will leave Miss Babbles in charge while I take you for a drive.

MR. SLOCUM (*sits up*): I object!

(*Sensation.*)

MR. ASHBURTON (*sits up*); Oh, how-de-do, Mrs. Cary!

MR. POOR (*sits up*): Circumstances prevent my rising to explain, but—

M. VALLONVILLE (*sits up*): Ze buggee and ze horse, we will hire him forevair!

DOCTOR: You gentlemen are far too ill to drive. Be-

sides, the Doctor takes precedence of the patients! Come, my dear!

FREDDIE (*bursts in*): Pardon, sir! I have just bought the horse and buggy! (*Sensation.*) Mrs. Cary—Elinor—our engagement lasts just three minutes longer! Let me drive you to the minister's. (*Sensation.*)

WIDOW: Three minutes!

FREDDIE: Yes, dearest. Come!

DOCTOR (*watch out*): Only two now!

WIDOW: Will Doctor count a hundred and twenty pines! (*Doctor does so.*)

SUITORS: Time's up! She's free!

WIDOW: Mr. Marshall, your present conduct is on a par with all your conduct!

SUITORS: Hurrah!

WIDOW: Silence! You are not worth my anger! (SUITORS *duck beneath bedclothes.* DOCTOR *chuckles.*) You, too (*to* DOCTOR). You have not always been sincere with me! (DOCTOR *subsides*) though your intentions have been kind. But as for Mr. Marshall—No, Kate (*to* KATE, *who steps forward*), you need not defend him! You, too, have treated me as a mere puppet—a paper doll! Oh I know you will say it was to save my fortune, but do you think I would knowingly have saved it at such a price? Now, Mr. Marshall, we will say farewell, please! I trust you will meet with some nice, sensible girl, who will make you a kind, forbearing wife. No, don't pretend that you care for me! (*as* FREDDIE *is about to step forward*). And don't ever deceive yourself with the idea that I ever have cared for you! —I—I never wish to look upon the face of man again. (*Exit in burst of tears R. 1. followed by* ROSINE. SUITORS *and* DOCTOR *groan.*)

(*Supper bell is rung loud, off rear.*)

SUITORS: Supper!

DOCTOR: The patients cannot take solid food. Till further orders the patients need not eat. (*They groan. Exit R. 2.*)

(*Loud groans from* SUITORS, *who are seen skipping off R. 2, pursued by* ARABELLA.)

KATE (*hand on Freddie's arm*): Come!

FREDDIE: I'm not hungry! I've been a perfect brute! And she will never forgive me! She oughtn't to.

KATE: Perhaps if she thinks she oughtn't to she will! Well, thank Heaven, I'm not in love! I'm hungry! (*Exit R. 2.*)

FREDDIE (*goes to door R. 1. kneels and kisses keyhole*): Good-by! (*Exit L. 1.*)

Enter R. 2. DOCTOR *with traveling case, etc. He takes hat, etc., shakes hands mournfully, and exit L. 1.*

(*Enter R. 2.* SUITORS. *They collect baggage.*)

MR. POOR: It's the only thing to do. I never advised our coming.

MR. SLOCUM: The train doesn't start till midnight. Well, we can wait in the station.

(*Enter R. 1.* ROSINE.)

ROSINE: What, gentlemen! Going?

M. VALLONVILLE: Going—and no blood shed! (*Regretfully.*)

MR. ASHBURTON: Our adieus to the Widow! (*All repeat,* "The Widow.")

M. VALLONVILLE: Why not one serenade? I sing ze refrain; you all ze chorus.

(SUITORS *quarrel, and all talk at same time.*)

ROSINE: Gentlemen, suppose we agree on this: If Madam mentions any one of you with regret between now and midnight I will throw his flower out of the window as a signal for him to sing.

SUITORS: Agreed! (*Exit L. 1. mournfully humming Wedding March.*)

FREDDIE (*entering L. 2.*): Train doesn't start till midnight. Might as well wait here!

(*Sits in arm chair behind screen, and yawns.*)

(*Enter R. 1.* WIDOW *in fine evening dress, followed by* ARABELLA *and* KATE.)

WIDOW: Where are the gentlemen?

ROSINE: Gone, Madam!

WIDOW: Oh!—and the Doctor?

ROSINE: Gone, Madam!

WIDOW (*blankly*): Oh! Of course, Mr. Marshall has gone!

ROSINE: Oh, of course, Madam! (*Exit R. 2.* FREDDIE, *unseen, peeps from screen, yawns and withdraws.*)

WIDOW: How nice! Now we shall have a lovely time by ourselves.

KATE: Four women alone in a desert! Yes, isn't it nice! (*Pause.*)

WIDOW: I suppose we can hire a boy to bait our fish-hooks and scare away the cows when we are sketching!

KATE: Oh, no! Boys remind one so unpleasantly of men!

WIDOW: True! (*Yawns.*) Why (*looks at clock*) it's eight o'clock! I shall go to bed!

ARABELLA: There are none but women in the house—the landlady and her daughter both are women, you know! Do you think it is safe? (*All shudder.*)

WIDOW (*jauntily*): Oh, of course, it's safe! The prospectus said no mosquitoes, mice, malaria, nor burglars.

ARABELLA: I don't know which I dread most! Providence sent burglars into this world to reconcile women to men.

Enter R. 2. ROSINE *with mail.* KATE, ARABELLA *and* WIDOW *shriek nervously.*

ROSINE: It's only I—with the mail! (*Lays mail down on table.*)

WIDOW (*yawns*): Only papers! (*Rises.*) Well, good-night!

ARABELLA (*with paper*): Oh, Nellie, the meanest thing about you! See! (*Gives paper.*)

WIDOW (*reading*): The idea! I didn't!

ARABELLA: You did, a little, dear!

KATE (*looks over paper*): Well, there are no laws against flirting.

WIDOW: But I didn't! You know I'm incapable of it. (*Pause.*) You are all very unsympathetic—but that's only what one may expect from one's women friends! (*A pause.*) Rosine, you can sell my clothes. I intend to be a deaconess.

ROSINE: Oh, yes, Madam! The little bonnets are so becoming. (*A pause.*)

WIDOW (*begins to cry quietly, then louder*): It's true! I am a shameless flirt!

KATE (*comforting her*): Why, Nellie!

ARABELLA: My dear! (*Comforting her.*)

ROSINE: Madam! (*Comforting her.*)

WIDOW: No, don't excuse me to myself! I deserve that no one should love me!—but I intend—to be different! (*Runs to window, throws out flowers.*)

ROSINE: Oh, she has given the signal!

(*Singing of* SUITORS *is heard approaching.* WIDOW *and* ARABELLA *and* KATE *shriek with fright.* KATE *puts fingers in ears.*)

WIDOW: Burglars! It's my fault there are no men to protect you! But I will save you! (*Seizes one of the rifles left by* SUITORS *and fires. Shouts heard outside;* WIDOW *throws herself moaning into chair and covers face.* DOCTOR *and* SUITORS *enter by window and door L. 1. General agitation.*)

WIDOW: (*rises solemnly*): Where is he?

ALL: Who?

WIDOW: The man I shot! (*Sees* FREDDIE *in chair asleep; shrieks.*) Freddie! Freddie! I didn't mean to, Freddie! Do you hear me, Freddie! (FREDDIE *opens eyes.*)

WIDOW: Oh, my darling, tell me you forgive me! There, I'll put my lips to your ear!—hush! He's trying to say something!

FREDDIE: Is this a dream?

WIDOW: He's wandering! No, my darling, my only love, it is no dream; it is the fatal truth.

FREDDIE (*rising*): I'm sorry—I should have liked to dream again!

WIDOW (*realizing her mistake*): FREDDIE! (*They join hands.* ARABELLA *faints in* DOCTOR'S *arms.*) *Tableau.*

IN A HOSPITAL

Edgar Fawcett

I cannot move among these mournful halls
 Where many a white-lipped sufferer has lain,
 Where life is one stern monotone of pain,
Jarred only by death's ghastlier intervals,
But some new gradual sense my soul enthralls
 And bids me hold the ironical disdain
 Born of the pessimist as wildly vain,
Like a rash curse that recks not how it falls.

For though the old baffling question fronts me here
 Of why such piteous woes at all should be,—
 Of why fate's bitter laws thus bruise and ban,
Ah, still one realization, fair and clear,
 Towers up in monumental sanctity—
 The ennobling sympathy of man for man.

IN A GREAT TOWN HOSPITAL

F. P. Verney

IN A GREAT TOWN HOSPITAL.

THERE is something in the monotonous regularity of the rows of tidy little white beds in a hospital, with their neat white coverlets and the load of misery upon each, which at first sight is very depressing. It is the wonderful variety, however, both of the characters of the inmates and of the ailments treated, that is their most striking characteristic as they become better known; while the insight there to be gained as to the "manner and customs" of the classes for whose dwellings we are now trying to legislate, is only too significant of the houses (miscalled "homes," indeed) from which they come. The strange phases of human nature, and human suffering in unimaginable forms, the manner in which science is utilized to remedy that suffering, and the care and kindness that strive to alleviate it, make a large hospital a most interesting study of the best kind of help. It is often here that any civilizing influence is first brought to bear on the sufferers, that they first experience gentle treatment and kindness, and come in contact with larger ideals.

Here are a few experiences during a few months in a few beds of a great town hospital.

No. 73 (each occupant is known by his number alone) was a tall, strong Irishman, a dock laborer, brought in violently drunk, wet through, and with a very bad scalp wound. He had been helping to unload a vessel with casks of spirits, and has been "sucking the monkey"—a favorite dodge—when a hole is pierced in a cask, when it can be done unobserved, and the raw spirits are sucked out with a straw. In this case the not unnatural result had been that the man had fallen into the river. The nurses began to wash and prepare the wound for the

doctors, but he was so drunk that he would scarcely let them touch him, and complained bitterly of their unkindness. When the doctors arrived they began by playing on the wound with carbolic spray, used to prevent it from growing cold, but the patient said that it spurted into his face, he became violent, and declared that he would not have anything done to him, for they were using him cruelly.

The doctor grew angry, and sent for the porter to help, telling the man that he must either have his wound properly dressed or leave the hospital; the threat would have been difficult to carry out, however, for the wet clothes could not be put on him, and there were no others to be had. The house-surgeon and three students were now standing two on each side the bed, when suddenly the patient hit out with his powerful arms in their drunken strength, threw down the four doctors—who being utterly unprepared for the assault, went over like ninepins—jumped out of bed, and ran across the ward into the next in his hospital shirt. The doctor came in at this moment and stopped him.

"Pretty fellows you are!" said the doctor. "Why you've been so long in coming that the patient might have flung himself out of the window."

"I fling myself out of the window! I am not such a fool. I am not going to hurt myself to please any of you," laughed the man.

He was then got back into bed, and the doctor sternly ordered him to lie still. Perhaps the run had quieted him to a certain degree, and he submitted at last. The spray, which is rather fragrant and refreshing, was used again, and again he complained angrily.

"If he is such a coward as to mind that, cover his face with a handkerchief," said the doctor contemptuously.

At length the dressing was over, and he went to sleep. The next morning when the spirits were out and the wits were in, he was thoroughly ashamed of his conduct, of which he could only recollect a small portion, but was

kindly reminded of the rest by the occupants of the beds on both sides. He became one of the best behaved patients in the ward—tried to be helpful to the nurses, and was considered "very good company" by his neighbors, for whose delectation and his own he used to dance jigs and hornpipes as he grew better. After he left the hospital one of the nurses was startled one day by an unrecognizably dirty man rushing out of a group of other workmen like himself to pour out his thanks in vehement terms.

I pass over the details concerning the next, which was a horrible case of suicide—a Spaniard who had attempted to blow out his brains in bed and had only partly succeeded. He lived five or six dreadful hours after he was brought in.

The next occupant of the No. 73 bed was a very respectable, well-looking young man who had gone to the Alexandra Palace with a friend for a day's pleasure. "We went about and about, and we took a little of the Irish here, and a little of the Irish there, till we had too much of the Irish, and we went on till the latest train had left." He then walked back to London to a little street in the West End. It was four o'clock in the morning, and the lodging-house refused to admit him, so he sat down on the step in a half drunken sleep, on a bitter spring night, to wait till the door was opened. He was suffering from a cold, and the spirits and the chill together brought on violent inflammation of both lungs (which is uncommon). A few days after his arrival he became delirious, and the only person who could manage him was a nurse whom he took for some friend of his called "Minnie." "Thank God, I have got one friend here!" he kept on repeating. He set his heart on their taking an expedition together. "Now promise me that you will go to the Alexandra Palace with me, Minnie, next week." And as all contradiction enraged him, she was obliged to answer, "If you're well enough on Monday, I promise to go," which could be safely done. Whenever she was away he became extremely violent, and on one occasion

rushed off trying to escape from the ward, pursued by eight men and several of the nurses. At last he was secured and carried to the padded room where delirious patients are kept. He gave an account of what had taken place to "Minnie," and correctly so far, ending, however, with—"One man held a revolver and the other a knife over me; one said, 'Let us blow his brains out,' and the other, 'No, let us cut his throat.'"

He was so heated by the strait-waistcoat that the nurse, when she came, undid it, with the doctor's permission—"If you think you can manage him." The bed is on the floor, and no chair is allowed in the padded room lest it should be used for aggressive purposes, so that she had to kneel when putting on jacket poultices and feeding him. The friend who had led him into mischief came to see him, and was asked to bring some jelly to the patient. "It is not the least use," said he, "the nurses will take it all away—that is what they are here for!" The nurse, who had been extremely kind to him, was pained—crazy as she knew him to be—and showed it. When his visitor was gone he looked at her. "Minnie, why do you look so scared? Did you think I was going to tell? No, no; I am a bad one, but not so bad as that!" He was thankful for the quiet of the padded room, but it was very close, though the door is always left open that the nurse may summon assistance. "Oh, for a breath of fresh air!" sighed the poor patient who was a Devonshire man, and he was transferred to a small ward, the nurse undertaking to keep the peace.

The chaplain attempted to come to his help, but the sight of a strange man made the patient ungovernable, and the few texts and "good words" which the nurse could slip into the poor wandering mind was all that could be done for him. "If I ever get over this I'll lead a new life. I'll not live as I have done," he repeated. He grew worse and worse, and one evening when she was going off duty he said, "Shake hands, Minnie, I'll never forget you—good-night. Why will you leave me?" Her duty, however, required her to go, and she promised to

return to him in the morning. "I'll try and live till you come back," he sighed; but he never saw her again, he died within an hour or two afterwards. He was so much above the usual level of the inmates of the wards that his death made quite a sensation among the patients, who are generally very indifferent to the fate of their comrades.

Another case of suicide came in at this time; a poor woman whose husband had been earning from four to five guineas a week, was suddenly left a widow, with six children, one of them a baby. After striving a little time to support them, she lost heart, said she could not see them starve, and drank a horrible mixture, like vitriol, used for cleaning lamps, to poison herself. It burnt the throat and stomach in a fearful manner, but she was carried into the hospital immediately, so that measures were taken to prevent her death. It seemed strange that with so many painless modes of dismissal she should have taken one entailing such frightful suffering; but she was evidently completely beside herself; and it was very pathetic how she had rushed upon her release without bestowing a thought upon the pain of the means, "Anywhere, anywhere, out of the world." "Shall I get over it?" she said in a depressed tone when she was beginning to improve—it was evidently not to her a wished-for ending. Having been better off she could not bear the idea of coming down to being a pauper. Friends, however, turned up when it was almost too late, and helped with the children. A policeman was waiting for her to take her before a magistrate when she left the hospital, but the nurses connived at her going out at an hour when he was not there. And here the story ends, how she faced her life struggle again and with what results remains forever unknown, sunk in the deep tide of misery to be found in our great towns.

No. 47 was a boy of fifteen, with dreadful fits; he foamed at the mouth, he twisted and twirled, and sometimes threw his legs into the air, almost standing on his head. At the end of a week, however, nurses and doc-

tors began to have their doubts, the attacks never came on when the doctors were by, and the dead faints never took place until he was within safe distance of the bed to fall upon. A little "spine boy" in the bed opposite early suspected him, and used to call out, "Go it, No. 47, you do it grand; I could not come the thing half so well myself!" The doctors are extremely cautious in declaring that a patient is shamming, by which they may get the hospital into bad odor, and the boy was allowed to go on for some little time. At last the doctor called for a wet towel, and gave him a sharpish flick on the cheek, in the fit, when the "insensible" patient winced, and the next day when, by the doctor's orders, the nurse gave him a smart cut with the same wet towel in his "dead faint," he howled and called out about her cruelty. He was sentenced to be turned out, and his mother was sent for; she arrived in a perfect state of fury at the slur cast upon her son, declaring that she would appeal to the directors. the trustees, the police, and the world at large—but go he did. It was found out that he had been apprenticed, and not liking work, he had retired on the hospital as a pleasant retreat. He must have been a clever boy to imitate the symptoms of a fit so as to deceive both doctors and nurses for even so long.

Drunkenness is the cause of two-thirds of the accidents, and a great portion of the illnesses that come into hospitals. No. 46 was a man who came in drunk, with a broken leg, after an accident. A kind friend, drunk like himself, took him on his back to carry him to the hospital. He could not, however, walk straight, and fell with his burden and upon him, seriously injuring the broken limb. The drinking begins before breakfast, and the patients say to each other, "I say, old boy, don't yer miss the half-pint" (beer understood) "and the pen'orth?" (gin, understood).

A shoemaker, with a good shop and a good business, was found dead drunk in the gutter, so full of spirits that he was dying of suffocation. He was brought into the ward, and the students, seeing what was the matter,

and thoroughly disgusted, put a screen around him and set to work pumping upon him with all their hearts, till he was completely wet through. He remained two days, till his clothes were dry, calling out for his wife, who came to see him with a beautiful baby in her arms, and took him away; the future which probably lay before her and her children was a dismal one indeed.

"Patients' friends" are generally a sad nuisance, and do much harm. Two or three Irish women will come and howl and shriek over a dying compatriot so as to disturb the whole ward, before they can be stopped. A tender mother will slip apples and oranges into the bed of a child suffering from bad stomach disorders, or a wife insinuate a cooked sausage under the coverlet of a man in the worst stage of dysentery. Whiskey is the cure for all ailments, and a number of bottles are not seldom detected. The eatables are put in the ward fire in public, that it may not be supposed that nurses profit by their confiscation; the whiskey is poured out of the window, and the owners are almost in tears at the "sinful waste" of the "beautiful" stuff thus recklessly sacrificed!

The next case was a man brought in with throat cut nearly from ear to ear. The surgeon asked, "Is this suicide or murder?" "No, sir, not suicide," said one of the students, standing by, "it was one of his friends did it for him," at which there was a laugh all round the bed except from the poor sufferer. He was a dock laborer who had taken a job at a lower rate than a fellow-workman; his rival met him in the street by daylight, and drew a razor across his throat. The victim fell bathed with blood, but his enemy, not feeling sure he had accomplished his object sufficiently, gave him a second cut even deeper than before. The patient could not swallow, and could only be fed by a tube inserted in the throat. He was suffering already from a bad attack of bronchitis, and the doctors had hardly any hope of getting him through. With the care and the skilled nursing he recovered, however, "but I shall never be my own man again," he said. Policemen were watching him day and

night, because if he died the case would be one of hanging for his assailant, who had been arrested immediately. As soon as the patient was able to stand he was taken in a carriage to give his evidence, when the aggressor was condemned to a long term of penal-servitude.

To No. 57 there came a great burly Irishman, with an enormous lump on his forehead, his eye shut up, and a blow at the back of his head which it was feared might prove serious. He said that he had fallen from a scaffolding, but the doctors felt quite sure that the blows had been received in fighting. He had a scowling, bad expression, and came in swearing, dirty as the ground, his clothes torn, and his shoes dropping off his feet. The porter put him into a bath, but even then he was hardly fit to touch. He began at once making difficulties; he was not used, he said, to lie down during the day. It was with great trouble that he was got into bed, where his huge bulk lay "like a hippopotamus." He used to get rid of the sheets and wrap himself up in the bedclothes in a bundle like an animal. His language was abominable, and he sang wicked songs. He would jump out of bed, and shut the windows of the small ward in which he lay, and when he got the nurses into trouble about the want of ventilation, he always denied that he had touched the window.

"Why don't you help us with our singing, as they do in the other wards?" said one of the patients to the nurse. "Because," she said, "you can't expect me to sing such things as you are singing," whereupon he struck up the *Te Deum*, and she helped him to the best of her power. That afternoon they had none but proper songs. The next day, however, the Irishman complained bitterly that "the nurses would sing yesterday all that was wanted, and if I begin there's nothing but looks as black as thoonder."

There is a placard in each room forbidding all swearing, and the nurses tried to check his oaths by saying that they should report him to the authorities. "Yes," he said, "there you go on, all of you, reporting and report-

ing! We're not children. You'll find yourselves in the wrong box some of these days. What will you say when you get a crack on the back of the neck some day as you're passing round the corner of the street?" He was utterly unmanageable, and the doctors were extremely anxious to get him out of the hospital, where he did harm to all in the ward who followed his lead; and at the end of three weeks, to his great disgust, he was sent away, his wounds being very much better. He had complained of everything—of the food, of the dressings, which were not at all painful. But the sorest grievance of all was being turned out sooner than the rest. "Thankful!" he said; "what should I be thankful for? This hospital belongs to the poor, and you nurses are our paid servants. We are not going to be thankful to you; you get your training on us."

There were some very bad cases of skin-disease at this time—("I wonder whether Job was suffering from eczema," said an expert). One of elephantiasis, which, being rare, was very interesting to the doctors, and of which the possessor was exceedingly proud, the leg having swelled so that he required a trouser almost like a petticoat.

The uncommon cases receive most attention (not care) from the doctors; accordingly the fortunate object takes great pride in himself. "I am an interesting case," he says to his neighbor, perhaps "a compound fracture," whose suffering may be far greater, if more commonplace, and who sighs and looks on him with envy.

"A compound fracture," however, became a public character about this time. After trying to save the patient's leg the doctors told him that it must be amputated. He was fed up and prepared with great care, and was supposed to be in very good condition for the operation. His wife was warned that it was to take place, and she came to see him just before he was carried to the theatre, when she was left sitting by his bed to await his return. Chloroform was administered, but before a knife had even touched him the man was dead. There

was a terrible "upset" among the doctors; the ward-sister and the nurses were crying as if their hearts would break. "You must tell her," said the sister. "I never can do it," sobbed the nurse. At last the sister had to go up to the watching woman, widowed within the last few minutes, and sitting all unconscious beside the empty bed, to break the news.

The effects of chloroform are strangely varied. In general the sickness brought on by it produces great depression, but in one case a man was brought out of the operation theatre singing at the top of his voice with excitement. When he reached the ward he cried out, "Chorus, gentlemen, chorus!" and every one took up the singing as they were told, supposing only that he rejoiced that the probation time was over.

The things which alarm some of these great strong men are very curious. "Just look at that there window-curtain blowing! the draught's enough to kill a man." A bath is looked upon as very dangerous; they will do anything to avoid it. "Why, it'll just be the death of me to be wet all over!" or, "I had a bath last night, I needn't go in!" entreats a man who has apparently never been washed since he was a child. The thermometer for taking the "temperature" of a patient is looked upon with awe. "Will it hurt me very much, nurse?" said a great heavy dock laborer, looking anxiously at the mysterious little instrument.

Two frightful cases of hydrophobia, which came in at not long intervals, illustrated the terrible side which must always be in a hospital. The madness which accompanied the disease was so violent that it was too much for the nurses to manage, and both had to be looked after by the porter—both died.

The wide catholicity of the help which hospitals afford is shown by the number of strange nationalities to be found there at different times—black men, yellow men, dusky men, pale-faced men, Spaniards, Norwegians, East Indians, and men of the West, etc., etc. A full-blooded negro sailor, who came in fresh from Africa, used to strip

off his shirt and tie a handkerchief round his waist as soon as nurses and doctors turned their backs, and even rush across the ward in this condition; he was not used to clothes; washing was detestable to him, but he saved up his butter to oil himself all over with. If he was thwarted, he looked as if he would put a knife into the offender. He was suffering from dysentery, and could not endure the starvation from solid food which the treatment required, and ran away. He was sent back by the ship's doctor, however, and when asked for the reason of his flight, said "Abdallah's small boy dead"; but as the sad event took place in Africa it hardly seemed relevant to his escape.

A Chinaman was so conscious that he was well off that when he was ordered to be taken to the Union he absolutely refused to go, and adhered so firmly though quietly to the floor of the padded room that he was only got off with great difficulty. He was like a surly dog.

Another Chinaman, suffering from bronchitis, was persuaded one day, as he sat on the side of his bed, to unplait his tail, and laughed heartily at the surprise of the earnest onlookers, to find that it, and indeed all other tails (he said) were largely composed of false hair and silk, to make them look big and important.

The number of negroes, chiefly sailors, to be found in hospital, is great, and points to the growing difficulty in obtaining a sufficient supply of English seamen. It shows that the whole nominal strength of our merchant service is not to be relied on as a reserve for the navy in time of war, on which we sometimes seem to count.

A surreptitious addition was made to the black population in hospital one day. A woman (white) had been admitted for some complaint, and her further condition was not found out till so late that the authorities did not like to send her away. The child, when it arrived, turned out a full negro, woolly hair, thick lips, color, etc., all complete. It was a jolly little babe, however, and the sister, who was most angry at the clandestine mode of its

arrival, was so proud of it that she often carried it about the wards to be admired.

Even the hurts from wild beasts are not unrepresented. A man working in a menagerie was bitten severely by a bear in cleaning out his den, having omitted to drive him into the inner cell. His hand was hardly human to look at, but as soon as he could get out he went back "to stir up the bear with a pole," and he ended by declaring that he "would be even with him still." So that as the bear probably had his own views on the subject, the prospects of peace were not great in the den.

The sufferings of children are always very pathetic to witness. No. 73 was a poor little boy of seven years old; his father, in a drunken fit, was beating his wife violently, when the child rushed in and tried to protect her; the father seized him by the legs and threw him over his shoulders on to the stone floor behind. His head was frightfully injured, and he was carried into the hospital, where he lay moaning in delirium for days and days. After that he recovered a little, so as to be conscious, and was a great pet in the ward. The dressings were very painful, and the men in the beds round him, who did not care much for each other's sufferings, were all extremely interested and pitiful.

"Don't yer mind, chappie, it'll soon be over, and you'll be so comfortable afterwards; take heart, little un, and then you shall sing to us."

The child's songs were very popular, particularly one about Jacko, the negro boy. "There is no fun when Jacko is not there," was the chorus; then all sorts of misfortunes happened, "the fiddler's fingers won't go straight; he'll go and bust his bow!"

The father and mother came to see him, to the great indignation of the company. The men cried out when they were gone, "He ought to have twenty years" (penal servitude understood). That he should beat his wife was natural, and probably served her right, but that he should so injure his boy was quite outside the laws of the game in their eyes.

The child had not the smallest feeling against his father, but he quite agreed with this view, and added, "Yes, he ought to be in a cook-shop for a month, with nothing to eat but the steam he can lick off the windows." He had evidently served his apprenticeship to the sight of pleasures without the possibility of enjoying them. As he grew better he became a little restless, and used to run about, in his small hospital dressing-gown, sometimes with the temperature thermometer tucked under his arm, in and out among the beds; it was against orders, but neither nurses nor doctors chose to see him; the men sometimes interceded for him—"Let him run, miss, it'll do him a lot of good, poor little chap."

He was kept as long as possible, and was very sorry to go to the dismal home which he was to return to, although the mother seemed to be a tolerably respectable, quiet woman. His health was permanently injured, and he never could hope to be a strong man.

Another little thing of six years old, and looking even younger, was brought in, terribly burnt from sitting up in bed smoking "pretence" cigarettes of paper. The dressing of the wounds was so painful that he often tried to bite and scratch the nurses; but at other times he was a sweet little boy, of whom they were all extremely fond; and one of the nurses used to carry him about in her arms like a baby to visit the different beds, where he sang his little songs, which were very popular—"The girl I did court, and the ring I did bought," etc.

On one occasion a mere baby was brought in with a burn. It had been taken first among the children, but was suspected of measles, and the doctor ordered it into the men's ward, as a matter of precaution.

"I do not believe it is measles," said the nurse.

"What else can it be?" answered the doctor.

"Flea-bites," replied she. She was right as it turned out.

The marks literally touched each other. It gives some little idea of the dirt of the places from which some of the patients come. The men who could walk were always

fussing about the little cot, giving the baby her bottle, etc., etc., and those who were bedridden talked about it.

The presence of child patients in the ward is extremely beneficial; the men scruple at using bad words or swearing before them, and it brings out the best and kindest part of their nature. In the wards where they are to be found, the men are always more civilized and better conducted.

There is an open time after tea, when the patients are allowed to do what they please. Music is the great distraction. When a nurse is there and can persuade one performer to sing at a time, and the rest to join in the chorus, the effect is very tolerable; but when each man sings his own words, to his own tune, and when the triangle, the penny whistle, and the Jews-harp—the only instruments allowed—all take their own lines, the uproar is tremendous; the pleasure in mere noise is evidently great after the enforced quiet of so many hours, and it must be remembered that many of the patients are lads under twenty. There are, however, more sedate pastimes—drafts, dominoes, and illustrated papers.

These are a few cases only among the thousands of sufferers. The manner in which the human atoms rise into the full light of hospital publicity, and are helped in all the ways that skill and kindness can suggest, and then disappear forever in the great seething ocean of life, into an oblivion as complete as that of death itself, is, however, very sad; not one in four or five hundred is ever heard from again. A few return on the visiting days to see their friends and thank the nurse or doctor, but the population inside and outside the hospital changes so rapidly that their visits soon cease.

The hospital, itself, however, is anything but a sad place. On the women's side those who are married hanker after their children and their wretched homes, but the men are less troubled by sentimental regrets, and are extremely "jolly." They are mostly better off than they have ever been in their lives in material comforts; they have what is to them very agreeable society and a

good deal of amusement; the nurses are cheerful, and low spirits are not the distinguishing feature of young doctors.

The immense change which a greater knowledge of the human frame has brought about in medical treatment has entirely altered the status of nurses; they must be sufficiently trained to carry out the orders of the doctors now, when the mere swallowing of drugs has become a small part of the cure. External applications have taken the place of the old practise; bleeding and blistering are almost unknown. The use of the microscope, of the stethoscope, the taking of the temperature, are all discoveries of the last score of years. The idea of assisting nature to restore health has taken the field, conservative surgery has become the rule, and the value of good nursing has accordingly risen in proportion. "This is a case for the nurse," says the doctor continually, especially in medical cases, after giving his orders, which only an intelligent person on the spot, trained for the purpose to understand what is before her eyes, could see carried out properly. "To put in practise the instructions she receives according to the changing agencies at the moment of the sick person" is no light task.

The hospital is a charitable institution which may be said to do more good and less harm than any other. It does not pauperize, and gives help at the most critical moment to the sufferers. It is essentially Christian; there is no trace of anything of the kind in the ancient religions. Hospitals for cats and monkeys existed in Egypt and India, but it was as sacred characters, sick divinities, that they were well treated, not as fellow-creatures. It was not till Christianity taught the world the value of the individual human life, even when distorted and degraded by disease and misery, that such institutions became possible. It is the more to be regretted when we hear of any short-comings in "Hospital Saturdays" and Sundays, and that the working classes do not take more interest in assisting the cause. Perhaps, if they could have some share of representation on the govern-

ing bodies of the hospitals, this at least might be to some degree remedied. The cause is their own. It is for their own benefit, as they are strangely slow to perceive. The balance sheets of some of the unendowed hospitals are somewhat sad reading. In one case £20,000 was asked for to conduct the work, which there was small chance of raising; and smaller institutions require far larger subsidies than they can get. A wider field from which to draw their resources would greatly assist the harvest necessary for the full development of the most useful of charities.

Probably also some small payments should be exacted from many who are perfectly able to contribute, for assistance which they receive at present *in forma pauperis*—an imputation which they would resent greatly in any other connection. To receive charity, in short, when they ought to provide the help for themselves, is to prevent those in real destitution from obtaining as much of the benefits of the institution as they would otherwise do. Many beds are left vacant in several of the best of hospitals because the funds are not sufficient to support the expense of them, which is indeed a sorry sight for those who care for their kind.



ing legacy of the dispensary, this at least might be to some degree remedied. The cause is their own. It is not their fault, for they are strangely slow to perceive. The painful efforts of some of the unendowed hospitals are conspicuous and reading. In one case £20,000 was asked for to conduct the work, which there was small chance of raising; and smaller institutions require far larger subsidies than they can get. A wider field from which to draw their resources would greatly assist the harvest necessary for the full development of the most special of charities.

Probably also some small payments should be exacted from many who are perfectly able to contribute, for assistance which they receive at present *in forma pauperis*—an imputation which they would resent greatly in any other connection. To receive charity, in short, when they ought to provide the help for themselves, is to prevent those in real destitution from obtaining as much

LAENNEC, INVENTOR OF THE STETHOSCOPE,
AT THE NECKER HOSPITAL, PARIS

of the best of hospitals because the funds are not sufficient to support the expense of them, which is indeed a sorry sight for those who care for their kind.



THE VOICE IN THE WORLD OF PAIN

Elizabeth G. Jordan

THE VOICE IN THE WORLD OF PAIN.

THEY had told her that only an operation could save her life, and that it must be performed at once. The voice of the physician who first spoke seemed a trifle strained and unnatural as he delivered this decision. He hesitated perceptibly over his words, and his eyes moved restlessly as she fastened hers upon him. Even in the sudden mental panic that had seized her, and which she was controlling so well, she realized his discomfort, and felt a vague gratitude for the sympathy that caused it.

It could not be easy, she reflected, to tell a young woman for whom life held as much as it did for her that a mortal disease had fastened on her. She, who had always analyzed herself and others, discovered that even at this crisis she was dreamily trying to follow the mental process of the famous surgeon, who had begun to roam restlessly about the room.

"He will say nothing for a moment," she thought. "He is giving me time to pull myself together. I can, but I do need the time. He needs it to. He has had to tell a woman who is young and rich, one who is ambitious and in love, something that may mean the loss of all these things. He has made her feel as if the world were slipping under her feet. The only thing that may save her—the knife. My work must stop, my friends must stand by helplessly. Even Jack can do nothing for me—dear Jack, who would do anything—* * * *"

The objects in the room grew suddenly dim. She sank deeper into the big chair that held her, while despair, sudden and unreasoning, filled her soul. The question which has so often come to men and women in agony, through all time, rose in her. Why, oh, why had existence begun at all, if it must end like this? To her

the grim implacability of fate was as awful as a revelation, as if she were the only one to whom it had ever come. To be projected into the world through no volition of one's own; to be danced about like a puppet on a string; to have the body to which one is tied seized by disease, and to be forced to watch one's own decay, helpless to arrest or avert it—that was a horror before which the soul itself must shrink.

Her strong soul was appalled by the prospect. Many had leaned on it in the course of her young life, whose brightness had not made her heedless of the gloom in which some have to walk. Her strength had never failed them; but in this tragedy it was failing herself, and she found no helper. She had made her appointment with the specialists, and had come to them without a word, even to those who were nearest her. "Why should I go to them with my trouble?" she asked herself. "It may not be what I fear, and I should alarm them unnecessarily. If it is—well, there will be time enough to tell them when I know myself."

She thought of them now—at least, she thought of Jack. Was it only last June they had been married? It seemed as if they had always been together, as if they had always belonged to each other, as if life had only really begun when she met him. He came vividly before her—gay, debonair, his brown eyes full of the tenderness she knew so well. She pictured the change that would come in them when she told him—the thought wrung from her what her own suffering had not done. She groaned, and the three physicians at once assumed an air of professional interest.

In the interval of silence they had worn their usual calm. They were suave, polished, hopeful. In this atmosphere of cool, scientific interest, the woman's will asserted itself, and she set her teeth with the determination to meet these men with a calmness equal to their own. She asked that the operation might be performed three days later, and found them thoroughly in accord with her wish to have the matter hastened. Every de-

tail was arranged; the strain was lightened to the extent of a mild professional jest or two, dropped with the friendly wish to convince her that the situation was not hopelessly tragic. Then she went to her carriage, while three pairs of eyes looked after her, and then at each other, with an expression it was well she did not see. She directed the coachman to drive home, and, drawing her furs around her, gave herself again to reflection. Unconsciously she dropped forward a little in her seat, staring at the falling snow outside with eyes which hardly saw the streets and scenes through which she passed. At one point in the journey up town the carriage was stopped for a moment by a sudden congestion of traffic, but she was not conscious of it. Her beautiful face, outlined against the dark collar of her fur coat, and framed by the carriage window, drew the eyes of another woman who stood at the curb waiting for an opening in the lines of vehicles. She, too, was miserable; but something in the expression of the eyes looking over her had made her forget her own burden in a sudden thrill of unselfish sympathy.

Nevertheless, she might have failed to recognize the face had she seen it three hours later, when Mrs. Jack Imboden turned it toward the young Englishman whom her hostess of the evening had assigned to take her to dinner. She herself knew that she had never looked better, and Jack had confirmed this conviction when he folded her wrap about her as they were leaving home. She had told him nothing of the afternoon's experience; she could not, she discovered. There were limitations even to her courage. She could dress, she could meet a dinner engagement, she could look her best and be her brightest—that much she could and would force herself to do. But tell Jack—no, not yet. Perhaps after all she could arrange it so that he need not know.

She was aroused from her reverie by the soft laughter of the young Englishman by her side. "That is delicious," he said appreciatively; and she became conscious

that she had been talking brightly, as usual, and that what she had just said was rather clever. Jack had caught it, too, and was looking at her with the expression she most loved to see in his eyes—a look of proud and tender proprietorship. Her own expression changed so suddenly that both men noticed it, and Effingham, the Englishman, commented upon it the next morning as he was giving an account of the dinner to his cousin.

"Mrs. Jack Imboden, who wrote that clever society novel last year, was in her best form," he said. "But for all that, I don't believe she was happy. I can't explain it, but every now and then there was something—and once she looked at Imboden in the strangest way. Do you suppose they have quarreled, or that he is not treating her right?"

His cousin, the Honorable Cuthbert Effingham, yawned widely. He had not met Mrs. Imboden, and the subject did not especially interest him.

"The germ of an idea," evolved during the dinner that evening, developed well. By taking Jack's partner into her confidence, a rapid exchange of telegrams between the East and West made Mrs. Imboden's plan succeed so well that she drove with her husband to the station the day before the operation, and saw him whirled away in a Westward-bound train. He had rebelled loudly over going; the subtle instinct that is the twin of perfect love had told him something was wrong. Once or twice she had almost faltered, almost confessed—it would have been so great a comfort to have him to lean upon. But she had sent him away, playing her part perfectly until the end.

There was much to be done that last night,—she thought of it, somewhat, as the last night, absolutely. Her mental process refused to go beyond the events of the next day; and though she did not allow her thoughts to take on more than a hypothetical foreboding of death, she made her will, gave definite instructions to the friends who were now aware of what was to take place, and wrote a long letter to Jack,

which was to be mailed to him, "unless," as she put it to her maid, "within three days I myself give you instructions to the contrary."

The great surgeon came in the evening. He was interested in the woman as well as in the case. He persuaded her to take a sleeping draught, mixing it himself with a solicitude which would have surprised his colleagues had they seen it.

"You must sleep well to-night, you know," he said to her, "and you would not do it without this. You'd say you would, and you would try, but you would lie awake all night and think—which would be bad for you."

It was a long speech for the great surgeon. He was a little surprised at himself, and was still more so when late that night he found himself giving his wife the history of the case. It was his rule not to carry professional matters into his home, and he was sorry he had broken it when he saw the tears his remarks called forth.

"I need not tell you to be brave," he said, looking down encouragingly at Mrs. Imboden the next day, a moment before the anæsthetic was administered. "You will be that, I know. But you must be hopeful. We are going to bring you through all right."

The saturated cone settled over her face, and the sweet fumes of the anæsthetic filled her nostrils and crept into her lungs.

"Take a deep breath," she heard a voice say. "Take a deep breath, and count. Begin with one, and count as long as you can."

She counted steadily to eight, drawing in the fumes with each breath, and, unconsciously, breathing as little as possible. At nine a sudden panic came upon her. Her strong will broke, and a sense of darkness and horror filled her. She opened her mouth to shriek, and a great cold wave seemed to lift her and carry her away. She heard some one say "twelve—thirteen—fourteen"—and her heart was filled with pity for a wretched woman, who, far off in another world, was suffering. "Sev-

en-te-en," "ei-gh-te-en," "n-i-ne-te-en," moaned the distant voice. Then all was blackness and oblivion.

When she again became conscious of her own identity she was one of a vast number of souls, floating through a long, dark valley, at the distant end of which gleamed a ray of light. She seemed, like the others, to be propelling herself toward this light with the dimly defined conception that it marked her objective point. But the journey was endless. Centuries seemed to pass, empires to rise and fall, worlds to appear and disappear as she traveled on. At first all was silence; then the air was filled with a low moan, increasing in violence as she drew near the end of the valley, until it swelled to a vast diapason of human agony. Before the horror of it her brain reeled; she grasped blindly at the shadowy forms about her, but each swept on unswervingly. She felt herself falling, and as she sank the conviction settled upon her that this was at last the end. She did not know why, but she realized that if she lost her place in that dim procession she would never get back into the brightness of the world she was seeking. She must wander forever alone in the darkness.

Suddenly a voice, rich and musical, spoke beside her. It was a deep, strong baritone—a human voice. It rose and fell softly, persistently. She did not hear the words, but she knew at once that it was meant for her, that it was striving to reach her and help her. To its humanity and sympathy she responded as a frightened child in the dark responds to the touch of its mother's hand. She felt strong, well poised, resolute. She found herself again a part of the throng around her, hurrying towards the light, which grew brighter as they approached the exit from the valley. Through it all the voice remained beside her, uplifting and sustaining. As it grew stronger the whole valley seemed to her to be full of it, but the other shadows took no heed. The conviction strengthened that it was for her alone—that she alone heard it. A buoyant hope and strength took possession of her, and the appalling sense of loneliness

departed. She floated calmly onward, out of the dense gloom into a grey twilight, then at last through the great arch at the end of the valley and into a broad green field over which lay the blessed light of day.

As her eyes grew accustomed to the brightness around her, she saw that the light came not from the sun, but from a brilliant dome arching over the field, and from which radiated myriads of golden wires converging to a vast instrument in the centre. These wires threw out blinding and many-colored lights. At the instrument sat a woman of heroic size, in flowing white robes that melted into the brilliance around her. Her great face was calm, beautiful, benign. On the greensward in front of her were thousands of men, women, and little children. Each was dressed in white, each face was distorted, and from each open mouth came cries of agony. From time to time the ranks parted, and one person was swept into the space directly before the instrument. The mighty hand of the woman sitting there struck a key, and as the note sounded one of the wires faded, and the shrieking, foremost figure sank from sight.

Florence Imboden stood on the outskirts of the throng and looked at those near her, forgetting her own physical suffering in the sight of theirs. She seemed to understand at once what it all meant, and she accepted without question the explanation that suggested itself, as one accepts the strange experiences that come in dreams.

"This is the World of Pain," she told herself, "and these are the souls of men and women whose tortured bodies are lying on the operating tables in our world below. The surgeons tell us when we come back that we have not suffered—but we do, we do!"

The young girl standing next to her was suddenly swept by some invisible force to the open space before the instrument. The woman left behind knew that her time was coming, and braced herself to meet it. But fear, hideous, sickening, demoralizing, again claimed her.

The head of the woman at the instrument bent to her, and she felt herself propelled forward. The pandemonium around her grew wilder. She realized now that the distant echo of it was what she had heard in her journey through the valley. She saw the mighty hand before her move towards the key, and her eyes followed it. The surface of the key was a transparent crystal. Looking through, she saw a room, bare, marble-lined, with a table in the center around which were grouped half a dozen white-robed figures. Four were men and two were women—nurses. On the table lay a figure. As she looked, the cone in the hand of one was lifted; a sudden stir of excitement was noticeable in the tense circle. Under the raised cone she saw her own face, white, still, terrible. There was a quick rush to and fro, the body was raised, something that looked like a galvanic battery was produced and used. The great surgeon turned from the table and threw up his hand in a gesture of hopelessness.

The mighty finger at the instrument moved implacably towards the key, shutting off the glimpse into the world below. She felt herself sinking, going, when again the wonderful voice that had sustained her sounded in her ear—melodious, golden, with musical inflections never heard in any other world, but never to be forgotten now. This time she could hear the words.

"Give her strength for the ordeal before her, and if it be Thy will restore her to the life in which she has done so much good, to the husband whom she has so greatly blessed. We ask it in the name* * * *"

She raised her head without fear, and looked into the calm eyes of the woman at the instrument. The voice went on. She heard the words no longer, but those to which she had listened were enough. She would live. She would live for Jack, "the husband whom she had so greatly blessed." Some benign, some powerful influence was behind her, strengthening and upholding her. She would live.

"She is coming round at last," said a voice softly.

"That was a close call, doctor," said another. "I never saw a closer one. I was certain for a few seconds that the pulse—"

She opened her eyes. The white-walled room was whirling round her. Faces, vaguely familiar, appeared and disappeared. One mist-like at first, gradually shaped itself into the features of the great surgeon. His stern eyes smiled at her.

"It's all over," he remarked tersely. "Now you have only to get well."

"Doctor," she said dreamily, "there is a soul—there is a soul. I have never felt certain of it before. And that voice—that wonderful voice that saved me—the voice that prayed! Whose was it?"

She saw them smile a little at her seeming incoherence.

"Never mind, dear Mrs. Imboden, that's the ether," one of the nurses said gently.

But she persisted and questioned until the surgeon himself came to her bedside.

"Who prayed?" she asked, "who was it that prayed?"

He laid lightly on hers the steady hand that had worked so well for her, and spoke to her as one speaks to a fretful child.

"Dear Mrs. Imboden," he said soothingly, "you must be very quiet. Don't talk. Don't think. As for this voice of yours—there has been no praying here." He drew on his gloves as he added, with professional pride, "We have been working."

She regained strength rapidly, and some of her old-time brightness and buoyancy came with it. But when the news of the accident in which Jack Imboden had met his death was flashed to his New York home, they kept it from her as long as they dared. Before this double tragedy in her life her friends succumbed in silent despair. There was none among them strong enough to tell her, so they delayed while she talked of him constantly and counted the days that must pass before he could return to her.

When they finally told her, she turned her face to the

wall without comment, and asked them to leave her alone. Through the weary days and nights that followed she lay there making no outcry, no complaint, accepting what was done for her without question—silent, tense, automatic.

"She's losing strength every hour," said the day nurse uneasily, to one of her associates. "This has destroyed her only chance. They shouldn't have told her—and yet how could they help it? She was constantly asking for him, and the anxiety and suspense would have been as bad as truth. Her courage might have pulled her through. But this ends it; she will not have to mourn her husband long."

As the weeks passed, the same conviction came to Florence Imboden like a flash of light across a midnight sky. After all, what matter? It would not be long. In any case she might not have lived more than a year or two, and if that were so the situation was as Jack himself would have wished it to be. He would have felt that he could not live without her—now she need not live on without him. It was well. Only a short time, and they would be together. But would they? The question loomed suddenly before her, black, forbidding, shutting out the light that had entered her soul.

Would they? Was there a hereafter? Was the soul immortal?—or was death merely the sinking of the mortal into nothing which is poetically called eternal peace and sleep?

In her full bright life she had never before had those questions come home to her. She had attended church, she had freely given from the abundance that was hers, she had felt deep respect for the aims and teachings of religion and for the convictions of her religious friends. But in her soul she was conscious that she did not *know*—that she had never been convinced—that religion was not the vital thing to her it was to some others. Now her heart cried out for faith, for conviction, for immortality.

"If I could be certain of meeting Jack again," she

breathed, "how cheerfully, how gladly I could bear whatever comes!"

She recalled the firm conviction in which she had come back to life after the operation. "There is a soul, there is a soul," she had told the doctors, with her mind full of that experience in the upper world, her ears still hearing the tones of that marvelous voice. They had smiled over her words, telling her the episode was merely an ether vision and a common one at that. No doubt they were right, she told herself. The shock of Jack's death had pulled her down from any spiritual heights she might have reached to the earthly plane on which her only need was the sound of his voice, the touch of his hand. The mysterious voice had haunted her for a few days. She had thought of it—dreamed of it; but now that, too, was gone.

She was getting out of touch with every human thing —worse than that, with every spiritual thing. This, at last, was agony. What had gone before was nothing. She was alone, hideously alone. She had called on God, and heard no answer. She tried to pray, and the prayers seemed hollow mockery. She sank into lethargic despair.

Effingham found her so one day when he had begged to see her for a moment. It was the first time they had met since her illness, as he had unexpectedly sailed for England the day after her operation was performed. She had always liked the sympathetic, clean-souled, ascetic young Englishman, and she found herself speaking to him as she had spoken to no one else.

"You believe in a hereafter, do you not?" she asked wistfully while he was studying, with a sense of shock, the great changes in her.

He flushed a little, with the Englishman's disinclination to touch upon the subjects most sacred to him; but something in her eyes and face made him respond simply and fully.

"Dear Mrs. Imboden," he said, "I do indeed. The faith I have in God and heaven is very near to me. You

know," he added slowly, "I am preparing for the Church, and I am here to study with a dear friend who has helped me more than any I have ever known. If you have doubts—if you are looking for strength and conviction, he can help you, I am sure. He is a wonderful man. Will you let me bring him to you, or, better still, will you go with me to his church some day? It it not far up town, and I would like to have you see him among his people. Just now he is giving a series of afternoon talks; every one of them is an inspiration. Perhaps," he added, "you would be willing to drive up there with me now?"

She hesitated. "I have gone out but a few times, you know," she said doubtfully. "I am perfectly able to go, but it seems so hard for me to move—to arouse myself from the condition of lethargy I am in."

The tone and her expression made Effingham unusually persistent.

"Come," he urged; "we'll sit at the back of the church, and nobody will see us. You need not see Livingston afterwards unless you wish, although I fancy you will want to talk to him when you have heard him. People usually do."

She allowed herself to be persuaded, and they drove up town together to the little church, tucked modestly out of the way in an unfashionable street. The winter day was drawing to a close, and the church was but dimly lighted. As they entered a pew near the door, they saw that all the seats were filled by shadowy figures, leaning forward as if in prayer. They settled themselves comfortably, and gave themselves up to the quiet and peace of the place. Through the door at the right of the sanctuary a man came. She could see his figure but dimly in the uncertain light. He stood for a moment looking over the assembly, and then began to speak.

At the first word, Florence Imboden started to her feet. The voice was a deep baritone, full of musical inflections, heard by her but once before, but not to be mistaken when heard again. It was the voice of the

World of Pain—the voice that had comforted, the voice that had saved. She buried her face in her hands, while her brain reeled. Her mind was going at last, she thought; no mind could stand the accumulated horrors of these last few months. She tried to think calmly. It was the voice—but the other had been only " an ether vision." Had they not told her so? This man was strange to her; but that voice was not, could never be. She tried to pray, but could not. A nervous tremor convulsed her. She rose and groped her way out of the pew. Effingham, suddenly roused from his absorption, assisted her without question into the street, where her carriage stood waiting. She motioned the footman away.

"I want the air," she said to Effingham. "Let us walk up and down for a few moments."

They strolled along the deserted street, the young Englishman supporting her with friendly sympathy. He did not speak at first, but as he saw her grow calmer he broke the silence.

"I am afraid you did not like him," he said, with some disappointment, "and I am so sorry. I felt sure he could help you."

She made no reply, and he went on talking with friendly purpose of giving her time to collect herself.

"He has helped me as I have told you, more than any one else, and I have perfect confidence in him. I turn to him not only with my own troubles, but with those of my friends. I hope you won't mind my telling you," he went on, a little diffidently, "that I took yours to him. When I learned of your—your illness, I went to him the day before sailing and asked him to pray for you during the operation, which was to be performed that afternoon at two. When I had been in England a week I had a letter from him. He wrote that your case had strongly appealed to him—had 'taken hold of him,' as he put it. So much so, in fact, he said, that he had knelt down in his study and prayed for you for two hours while your operation was going on. Why, Mrs. Imboden—"

She reeled slightly, but his strong arm held her up. Her mind was going, after all; it grasped as much of the strange experience as she could understand. She did not know why it should have come to her of all the world, but she did not question, either. It was for some great purpose, she felt. When the human soul was taxed beyond its powers something divine entered in and helped it. She was no mere atom whirling through space, to exist for a little time and perish. Behind the mystery of life was some benign power—she did not know what, but she was satisfied. In these dark hours of life it had given her this proof that it existed. She could safely trust herself to it. She looked up into Effingham's eyes with a sudden light in hers which gladdened him.

"Your friend can help me," she said, "and he shall—more than any one else in the whole world. He shall teach me and I will believe—I know it. Let us go to him now."

The people were coming out of the little church as they turned back together. They stood aside for a moment to let the others pass. Off in the darkness the street lamps began to twinkle; above, the crescent of the moon hung pale in the twilight. Florence Imboden drew a deep breath as she looked up at it. The tragedy of life, of which her mind had been so full—what was it? Nothing. Fear, pain, loneliness—all these were swept away by the mental illumination that had come to her. The grim spectre of death itself was a benign friend, waiting smilingly beside her. Her prayers were answered. It was well with her—it was to be well with her. No matter what came, or how long or short the time, she could bear, she could wait. This little life was not the end. There must be another world, another existence—complete, perfect. She did not know where, but it was somewhere, and in it—Jack was waiting!

NURSES A LA MODE

Eliza Priestley

NURSES A LA MODE.

IN THESE days of immense hospitals and asylums of every kind, it may not be without interest to let our minds wander back for a moment to primitive times when women alone attended women in childbirth, and the tomahawk was the only true and unerring remedy for sickness known. By degrees charms, amulets, and superstition generally, took the place of the tomahawk, and for centuries found virgin soil in the human mind, lasting throughout the dawn of civilization, lingering on in primitive places, and still existing in belated countries even in these scientific days. At the beginning of the Christian era, and also in the Middle Ages, tending the sick was regarded entirely as a religious duty, the hospital and the House of God being one and indissoluble. Under the shelter of monastic institutions and religious orders, hospitals for the sick spread over the land, and the study of medicine was interwoven with that of theology for the common worship of God and the good of man. In all Roman Catholic countries this holy combination still goes on, and when a sick-nurse is required it is difficult to find one outside the walls of a religious institution.

With us the nursing of the sick has for long been disassociated from religion, being adopted in Protestant communities simply and frankly as a means of earning a livelihood. But until recent years no one ever thought of engaging a nurse for the sick except in extreme cases, for every woman with the true instincts of a woman considered it her special privilege, however ignorant, to nurse the sick within her own household. Now all that is over, for nursing as an art has emerged from the mere instinct of domestic love and duty into a science to meet the general advance of our times.

With our ever-increasing knowledge of disease derived from research laboratories all over the world, and further with the introduction of anæsthetics, an immense impulse has been given to the practice of medicine and surgery. Operations that were impossible twenty years ago can now be performed with impunity. Nowadays no one is bled to death for fever, or need be brought to a miserable end from preventable blood-poisoning; in fact no one need die the mere victim of ignorance, and where suffering is inevitable alleviations can be found to soothe. The difficulties we have to encounter no longer arise from ignorance of the causes of disease on the part of the practitioner who is up to date, but from the deplorable ignorance of the causes of disease on the part of millions of people, with a rapidly increasing population. To and fro, in and out, by rail, by foot along the roadways, by carriage, and by boat, vast numbers of people are ever drifting about carrying the living seeds of disease with them from one place to another. In the island of Malta medical men, studying the local fever at the bedside and in the laboratory, have ascertained that this particular fever has increased in "virulence" within the last fifteen years, and attribute this to the immense increase of population within a limited area. In the densely crowded and fetid black slums of Cairo cholera is rarely absent, but unless it becomes epidemic—as it does periodically—the fact remains known only to the officials who keep it in check, and who are always on the alert. In all large cities sickness in various shapes seems to form permanent centers, throwing out living streams of infection over the outskirts and into the more thinly populated parts. Thus, with all our medical knowledge and notwithstanding the wonderful system of inspection emanating from the Local Government Board, our hospitals and infirmaries continue to be crowded, every children's school becomes sooner or later a focus of infection; and sickness in some shape finds its way into every home. Do what we will, we cannot keep back sickness and death from

our door, and through that door we have all in turn to call the sick-nurse in.

Her duties in this our Protestant country are no less serious with us than they are in those countries where the "Sisters" are celibates, and bound by their religion to take the vows of chastity and obedience, with the one great object ever before them, the Cross of Jesus Christ. Darkly robed in saintly garb, the Fille-dieu visits the home of the sick, and performs her duties in deep humility and faith. If she does not enjoy the high training of our aspirants she at least carries out the doctor's orders, and does all the work required of her, however menial, and having secured the gratitude of her patient she subsides once more into the sacred privacy and silence of the cloisters. No gossip attends her ministrations, and where she herself is so guarded no breach of confidence takes place. Her person and her office are alike sacred.

With our nurses—or shall we call them "sisters"?—things are not the same. There is not the same respect for privacy, silence, obedience, and even the discipline which was so marked a feature under the *regime* of Florence Nightingale is conspicuous now only by its absence. The very class from which sick-nurses were formerly drafted has changed from the lower to the middle and even upper class. She is no longer content to fraternize with the servants of the house and take her meals with them where convenient, but, failing a table apart, she has to join the family at meals, however unwelcome her presence may be. Her position in the household is no longer what it once was—and, indeed, could scarcely be, when in all probability the nurse "a la mode" is of higher birth and social position than the family in which she takes temporary service, and from whom she receives a wage of from two to three and five guineas a week. Some of our hospitals refuse to receive any pupils who are not "ladies," and go so far as to consider that rural and district nursing, and

indeed all nursing, should be kept entirely in the hands of women cultured to begin with.

No doubt many daughters of rich fathers seek hospital nursing as a relief from the idleness of home life, and in the *bona-fide* hope of doing something else to help suffering humanity in various ways, but there are others who rush in for it in a pure spirit of adventure, and have no small difficulty in bearing the strain and restraints of the compulsory three or even four years' hospital training. Others again are honestly impelled to it by necessity, and if not choked off by the scenes they witness, and the awful glimpses of life unveiled before them, they bear the burden well, and, taking matters seriously, turn out the most profitable nurses for the institution, and the most valuable to the world at large. The pity is that whatever the intellectual calibre, the motive, the temper, and temperament of the woman, the certificate for all is the same, and she stands before the world, after the prescribed three or four years' training, pronounced competent to attend the sick in all the various and varying circumstances of life, in every kind of home. When the certificate is once obtained she has no difficulty in joining an institution, co-operative or otherwise, where she takes her turn in being sent hither and thither as the call for a nurse comes in. In most of these institutions it is the rule that no favor is shown, but that each is sent out in turn. This plan—adopted no doubt with a view to fairness—leads to strange situations, and often accounts for young and pretty women being found in the apartments of young and handsome men who for the time are enjoying bad health, and are not imbued with any wild desire for convalescence. In ordinary circumstances these same young ladies in all probability would never dream of setting foot in bachelors' apartments without a chaperon, but given a reasonable and grave excuse, the door is thrown open, and a young woman robed in a costume not altogether unbecoming enters, to mount guard day and night. Some callow young men are at first horrified at the idea of

having a woman sent in to nurse them, but being obliged to submit, their astonishment soon subsides, and reconciliation quickly follows.

It is not necessary here to enter into details concerning the nature of a nurse's duties, but, however delicate they may be, the training is supposed to have the wonderful effect of so preserving her pristine unconsciousness that the man is to her the same as the child. Nevertheless we do occasionally hear of wives being intensely jealous of the woman installed in the husband's bedchamber. To know that suspicion is not always unreasonable, we have only to study the records of the Probate Court to realize the extraordinary influence which has occasionally been exercised by sick-nurses over sick men in their last illnesses.

Not long ago at a favorite health resort on the Continent, society was scandalized at the behavior of a young and pretty nurse who was there in sole attendance on a young English gentleman. He was daily carried into a garden, where all the gay people thronged, and was laid on a *chaise longue*, in the midst of them, followed by the nurse, who, regardless of the fitness of things, forthwith got another *chaise longue*, and placing it by his side proceeded to stretch herself upon it. When whispers became an audible growl, the manager and the doctor together made representations which resulted in their removal to a villa. The end of it was the transference of the invalid to another health resort, another nurse was placed in charge, and forsaking the old love, he ultimately married the new.

In the daily papers a few months ago, under the head of "Sudden Death of a Baronet," a professional nurse stated that "she had been attending deceased for some time past. She was engaged to be married to him shortly." And again more recently, the following appeared in the daily papers:

"A Scotch Breach of Promise Action.—In the Court of Session, Edinburgh, yesterday, the record was closed in an action by C—— S——, professional nurse,

Edinburgh, against L—— C—— P——, a retired colonel, for the recovery of £3,000 damages for breach of promise of marriage and seduction. The plaintiff, who was engaged to attend the defendant as nurse, alleges that he took a fancy to her and proposed marriage, and on her accepting the offer treated her as his wife. In reply to her request that they should be married, he said they were already married according to the Scotch law. Although appearing willing to marry her he failed to fulfil his promise, and ultimately turned her out of the house. The defendant said he was subject to malarial fever, contracted abroad; he also had delirium tremens, and plaintiff when called in, plied him with drink, and obtained an ascendency over him. He further urges that he never promised marriage, but the plaintiff denied the defendant's statements."

As many marriages must necessarily spring from opportunities which present themselves all along the line of duty, from the hospital to the hotel or private house, we cannot be surprised that an invidious world should style this new profession "The new road to matrimony," or, as the *St. James's Gazette* lately had it over an article on nurses, "To the altar by the new cut."

Uncontrolled by vows, untroubled by austerity, the nurse of the period, guardian of the sick-bed, and watcher over the solemn moments of expiring life, may be found taking part joyously in many of the frivolities around us. Abroad, in some of our garrison towns, she may be seen at balls, dressed in nursing attire, dancing with the young officers whom she has recently nursed or may be called on to nurse in the future.

Again, it is not unusual either at home or abroad to find the professional nurse sitting at *table d'hote*, the observed of all observers, in the bewitching costume of the sisterhood to which she belongs. Many old-fashioned people have been known to object to this for social reasons, forgetting that the nurse of the period may rank socially with themselves. Still, not alone for reasons of propriety but for reasons of health and

safety, it would be infinitely better to keep the nursing dress strictly for the sick-room. Not long ago a certificated nurse was discovered in a large West-end draper's shop attired in the very dress she was wearing at that time in the sick-room of a scarlet-fever patient. This of course was in violation of all rules, but in this case private remonstrance had so little effect that she not only continued to walk in the same dress, but even went in and out of the sick-room after being fully equipped for her walk. This same highly trained nurse was further thoughtless enough to allow the under-housemaid to clear away the faded flowers from the invalid's bedside, and instead of burning them allowed them to be thrown into the dust-heap, thus spreading the vital seeds of infection broadcast, to break out again in all probability in the wretched homes of our poorest and most helpless fellow-creatures. It never seems to occur to a confiding public that the nursing costume can be anything else than a harmless vanity, yet in the face of such a possibility as that just mentioned it ought to be regarded as a danger signal.

One of the lecturers to the National Health Society, when giving a lecture on nursing at an English village lately, was told that during an epidemic of scarlet fever the people were in the habit of shaking the sheets out of the windows to get rid of the peeling skin. These people were too ignorant to know they were sowing the seeds of the fever, which their neighbors reaped; but with the trained nurse there is not the same excuse, unless a knowledge of the fundamental principles of health has been left out of her education altogether.

In directing attention to such cases it must not be supposed that all nurses are giddy and thoughtless, for within my own experience and that of others, many an ideal nurse has been found. I would simply indicate that in a profession which ought to be absolutely above suspicion, it would be better and more expedient, to exercise a certain amount of discrimination in sending nurses out. In every institution there must be nurses

of every age, temperament, and degree, who with a little adjustment might be found to fit more suitably the requirements of a public consisting of men and women of every grade, and children of every age.

It is strange, considering the manifold requirements of life, that so little is done to encourage the training of male nurses for domestic employment. We rarely hear of a male nurse attending sick men, except in mental cases, yet in military and naval hospitals they are thoroughly trained, with the additional advantage of discipline and drill. In one institution in Bond Street male as well as female nurses and rubbers may be had, and in Great Marylebone Street a male nurses' (temperance) co-operation has opened an office. Among the conditions of this new society a course of three years' training must precede membership; total abstinence is obligatory, and a preference is given to married men with families. No doubt there are other institutions for male nurses, but they must be few and far between, for we rarely hear of a male nurse being in attendance where he might with propriety be installed. In New York a great movement is going on in this direction notwithstanding opposition and clamor. If therefore it ever became as easy to send a male nurse as a female, a motherly married nurse (if such a thing exists), or unmarried middle-aged woman (if there is one), in place of the young and flighty, many of the present difficulties, dangers, and anomalies would be overcome, and the new profession as a profession would take a more dignified place in public estimation.

Passing from domestic difficulties we must now review difficulties of another sort—those which spring in the very nature of things from the training and medical education given to nurses in these advanced days.

We have only to look over the following course of studies which is a fair example of the curriculum adopted at most of our London hospitals, to realize that a nurse leaves the hospital of her apprenticeship stored with a considerable amount of medical knowledge.

The lectures on anatomy and surgery are delivered by the Demonstrator of Anatomy during the months of March, April, and May. There is a written examination, which lady pupils must attend, at the end of the course. The following is the syllabus:

I. The skeleton and the anatomy of the limbs.
II. Simple fractures, and the principles of treatment.
III. Anatomy of the joints. Hip diseases.
IV. The spinal column, its injuries and diseases.
V. Head injuries and the principles of treatment.
VI. Treatment of wounds. Antiseptic dressings.
VII. Hemorrhage and its treatment.
VIII. Minor surgical operations.
IX. Tumors, &c.

The lectures on physiology and medicine are delivered by the Demonstrator of Biology during the months of June, July, and August. There is a written examination, which lady pupils must attend, at the end of the course. The following is the syllabus:

I. Food: its digestion and absorption.
II. The diseases of the alimentary canal.
III. and IV. The lungs and respiration. Diseases of the respiratory organs.
V. The heart and heart disease.
VI. The urine and diseases of the kidney.
VII. The skin and cutaneous diseases.
VIII. Contagious diseases.
IX. and X. The nervous system; nervous diseases and electrical batteries.
XI. Diet; clothing; ventilation.

During the months of December, January, and February, the lady pupils are taught the elements of pharmacy and dispensing, in the dispensary of the hospital, by the Head Dispenser. The course includes a series of lessons upon the sources, properties, and uses of various drugs, with a practical instruction in the preparation of mixtures which lady pupils must attend, at the end of the course.

If they fail to pass their examinations they are re-

quired to go through the course again. Thus by living on the spot, surrounded by doctors, watching the progress of cases till they are "relieved by art or released by death"; by living, in fact, in the midse of object lessons, day and night, over a prolonged period, and further by attending such lectures, the modern nurse enjoys advantages that many fully fledged doctors might envy. For those who intend to remain permanent staff sisters, or to become hospital matrons in the future, the more advanced studies might advantageously be pursued, but, all being trained alike, it is not altogether surprising that a little confusion arises occasionally in the highly trained nurse's mind as to her ultimate position in regard to the patient and doctor. When once she is launched on the world she is often called to attend people who can ill afford the fee ranging from two to three guineas a week exclusive of extras. This in addition to the doctor's fees fall heavily on those whose means are small and whose families are large. With a nurse on the spot who can criticize the treatment, and who is only too proud to air her own medical knowledge, it is quickly felt that the doctor's visits may be curtailed, and with the undermining of his authority, and the gradual assumption of responsibility on her part, friction between the two is not unlikely to follow. That it does follow is not unknown behind the scenes of medical life, for nurses have occasionally been dismissed for assuming they were in charge of the case, instead of being in charge of the doctor's patient.

I have known more than one nurse to utterly ignore the doctor's orders with regard to diet, on the ground that he was trenching on her province. "Oh, we never consult the doctor about diet," said a nurse in my hearing one day to the lady's maid of the patient; "we always attend to that ourselves!" The case was one turning entirely on diet, and was exercising the minds of several of the leading consultants of London. Another I knew of refused to give the morphia prescribed by the doctor,

saying, "she always threw it away, and gave milk and water instead, which did just as well!"

Dr. Charles West in his book refers to Sir William Gull's celebrated saying to the Queen after the Prince of Wales' recovery from typhoid fever. "Madam," he said, "His Royal Highness has been nursed as well as if he had been in a hospital."

This speech, continues Dr. West, points out the weak points of many of the nursing associations. The nurse out of the hospital is under no discipline. She is a sort of free lance, engaged in combating diseases together with the doctor, but by no means always subject to his direction. A sentry told off to a certain post must remain there, and do unquestionably as he has been ordered. The nurse too often feels herself under no such obligation. She not only passes her own judgment on the doctor's orders, but too often criticizes them to the family, as I remember in a case under the care of one of our most distinguished surgeons, and an officer of one of our largest hospitals. The nurse said to the family with reference to some of his directions, "Oh, these are old-style ways; we have done away with all of them, and do quite differently now."

"Conceit is their besetting sin* * * *Sometimes the nurse has a favorite doctor, and disparages the one in attendance* * * *Not infrequently, too, they are what, if they were of the opposite sex, we should call masterful, and without sufficient reason exclude the wife or the children from the sick-room without making up for it by any special personal interest in the patient* * * *I remember once assisting a peeress, whose daughter, of still higher rank than she, was dangerously ill, to wash the medicine and wine glasses on the sick-room table, because the nurse considered it an office beneath her."

These remarks coming from an experienced London physician, and which I have inserted here after writing this article, go far to confirm my own views, and those of many others, that the modern nurse is too often above

her position even in great houses, and in more humble homes is out of harmony with her surroundings.

One of the objections raised to the high training of male nurses in the New York Hospital is the fear that men will make it a stepping stone to medical practise, legal or otherwise. The line of demarcation between the certificated male nurse, after two or possibly three years' hospital training and the qualified doctor, is so slight that boundaries can easily be overstepped. A little further study, a few examinations to pass, and the portals are opened to an inferior class of men. Similar objections might apply equally to women nurses, but for the more serious barrier existing between the certified nurse and the fully qualified female M. D. It is no thin line of demarcation here, for it would be an impossible drop for a woman accustomed to the excitement of hospital life, with house surgeons, house physicians, students, flirtations, and prospective marriages, to enter the gates of the female school of medicine, and walk the wards of a hospital managed solely by women; and this she would have to do before she could pass into the world a fully qualified doctor. Still, failing the legal right to practise, there remains the right to nurse, with the delightful fact that the two things are easily fused together in the public mind, the result being a world overrun with "medical women," legal and semi-legal. The legally qualified might with some reason take exception to the encroachments of this army of medical illegals treading on their heels, but the only complaint we hear of on the part of the lady doctors is the difficulty they find in getting modern trained nurses to act under them at all!

At the present moment a curious and interesting discussion is going on in one of the nursing journals headed "The Future of the Private Nurse," the correspondents trying to find reasons for the waning popularity of the trained nurse. Samples of bad conduct are given. One nurse refuses to lift a patient who is very ill, saying "she was not trained for that work." Another hung the tubing of a douche-can on the nail on which hung a large

crucifix. She was made to remove it, but next day hung a thermometer in the same place.

A still more grave aspect is to be found in the advertisements which hold out as an attraction to young men that "Sister" or "Nurse" So-and-so is the masseuse at such an establishment. Behind all this lies a question which can only be dealt with by the police, and which it is unnecessary to dwell upon here.

Looking at the question of modern nursing from the more moral point of view, we find the district and rural poor well provided with good and faithful nurses through the Queen's Jubilee Fund and various public and private charities, and for the rich there are plenty of good nurses to be had; but there is still the large middle class unprovided for, and who find the ground cut from under their feet. They can no longer get a nurse for ten shillings or a guinea a week as formerly, and cannot afford nor provide the requirements for a nurse "a la mode." The charges being universally the same for the simplest as for the most complicated case, the cost of ordinary and prolonged nursing, especially where two are required, falls, as I have already said, heavily on the family. Many persons, moreover, object to the sense of superiority exercised by the nurse over them. I heard of one the other day in a modest establishment who entertained her youthful patient with an account of her doings in the hunting field, adding that she always had a groom behind her.

"Did your mother keep a parlor-maid?" asked the child simply. "Oh no, dear," she replied; "my father kept a butler!"

At a conference lately held at Stafford House under the auspices of the "Council of County Nursing Associations," some of the speakers maintained that some women were efficient nurses from the beginning, others became efficient with experience, and others were hopeless from the first. One of the questions under discussion was the minimum amount of training required, and I believe it was generally agreed that one year's training and

six months' district work, as with the Queen's Jubilee nurses would suffice.

In the Johns Hopkins Hospital, Baltimore (the finest and most perfect hospital in the world), the full term for the training of nurses is two years. They are all taught invalid cookery, and are thus qualified for every kind of nursing even in the most out-of-the-way parts of the earth. In America generally two years' training is the maximum; in Sweden it is the same; and in Copenhagen the minimum for private nursing is one year.

Surely for a guinea a week an intelligent woman after a minimum training, which I do not profess to decide, ought to understand the hygiene of the sick-room, know how to carry out the instructions of the doctor, how to make the bed, keep the room clean if necessary, adapt herself to the household, and render strict obedience under a sense of duty and in simple good faith. In talking this matter over the other day with some of our most eminent surgeons, he stated his belief that any woman of good intelligence could soon be taught all that it was "necessary" for her to know in the sick-room. If she has not intelligence (which includes tact) and lacks natural sympathy and tenderness, no amount of hospital training will endow her with these qualities. It may be pleaded that we should be opening the doors of this new profession to a lower class of women altogether, and that the main object of the higher training is to raise the standard.

Now, in every class there are good, bad, and indifferent to be found—even in the higher class, as I have shown—and in making the suggestion of less medical training for a humbler class it is quite possible that many of the difficulties I have ventured to indicate might be overcome through the wider difference in class between nurse and patient. In any case, what we want is to fill the immense gap that exists between the humble celibate of Roman Catholicism and the accomplished, and often flippant women of modern times. That the public should be able to define the status of the nurse should be no

difficulty in these days of registration, badges, institutions, and organization generally.

For complicated abdominal and brain operations, and for typhoid fever, the highly skilled nurse will always be necessary, and for the rich she can always be obtained; but beyond this we should make an effort to satisfy the requirements of those who neither need nor desire the presence of an expensive trained nurse any more than they need or desire the daily visits of a first-class consultant.

INNER LIFE OF A HOSPITAL

In 1862

INNER LIFE OF A HOSPITAL.

THE external aspect of our metropolitan hospitals is familiarly known to all who are accustomed to traverse the streets of London. Their many windows, studded by day with white-capped heads, and shining by night with the pale reflection of the single dimly burning lamp, their general air of subdued quiet, and their lynx-eyed porters at the gate, ever ready to pounce upon suspicious parcels carried by visitors, and scanning the passengers as if to detect disease lurking under a healthy mask, or deformity concealed by artificial means—serve to distinguish these buildings from prisons and asylums, to which some of them have no small resemblance. With the exception of certain newspaper reports, and a general idea of suffering, evil odors, and liability to contagion, the inner life of a hospital is totally unknown to ninety-nine out of every hundred who pass its walls; and, as is usual in such cases, the popular idea of hospital life is widely different from the reality. Let us, therefore, follow the course of a day's labor in one of these institutions; and, as a type of the method in which the medical and surgical administration of a hospital is conducted, we will select the most ancient of these sanctuaries of suffering poverty.

Entering Smithfield about 9 or 10 A. M., and looking along the wide front of St. Bartholomew's Hospital, a vast crowd is seen gathering round the portico close to Duke Street, where two pillars support a porchway, under which the expectant assemblage can shelter themselves until their admission. Here we find ourselves face to face with two glass doors, bearing conspicuous plates upon their fronts, one labeled ENTRANCE FOR MALES, and the other, ENTRANCE FOR FEMALES. Just within

either door stands a trustworthy porter, whose business is to keep the applicants from entering at the wrong door, a blunder which they constantly attempt to perpetrate in spite of the large plate and many verbal warnings, and, after admitting the patients, to direct them to their proper places.

Passing through one of the doors, we enter a large and handsome room, nearly one hundred feet long and about thirty-five feet wide, warmed by open stoves, lofty and well ventilated—an absolute necessity under the circumstances—divided in the centre by a red curtain, and furnished with abundant benches, arranged in double sets on each side of the curtain. The left-hand division of the room is intended for women, and the right-hand division for men; and each room is further subdivided by the double sets of benches, one being for surgical and the other for medical cases.

As each patient passes through the door, the porter inquires, "What is the matter with you?" "Bad arm, sir." "Sit down there," says the porter, pointing to one of the forms on the surgical side of the room. "What is the matter with you?" "Please, sir, I feel bad all over entirely; I don't eat my victuals, and I——" "Sit down there," says the porter, hastily cutting short a train of symptoms, and pointing to the medical benches. In a wonderfully short time the benches are filled, and the inspection of the patients commences.

The receiving-room, as this apartment is called, is attended by the apothecary, his assistant, four house-surgeons, and the dressers, who examine the patients in their proper turn, and make a further separation into three classes—the slight, the grave, and the imminent. The slight cases that require but little assistance are technically termed "casualties," and attended at once; if necessary, a prescription is handed over to them, which they take to a large window opening out of the room, whereat are dispensed vast quantities of useful and harmless remedies, linseed meal being a very large pro-

portion, and being generally carried away in handkerchiefs.

For more delicate cases, especially those of a surgical nature, the patients are shown into separate rooms, where their ailments are examined and proper remedies applied. These slighter cases, or casualties, are of almost every imaginable description. In many instances the single attendance is all that is needed; but should further care be required, the patient is told to return on a given day, and a notice to that effect is placed on a paper.

The graver of these cases now come under notice. They are classed together as Out-patients, and are marshalled into separate rooms; and as the patients enter the room, they each receive a ticket with a number, indicating the order in which they will be seen. Out of this room lead two small chambers, or waiting-rooms, one of which belongs to the surgeon of the day, and the other to the physician of the day; this duty being taken in turns by the medical and surgical staff of the hospital. All these gentlemen are men of great eminence, holding the first rank in their profession, so that the poorest man, woman, or child that seeks for help is given the benefit of the best advice in the kingdom, and the sick costermonger or ailing chimney-sweeper is enabled gratuitously to command services which many a wealthy man cannot purchase. The waiting-rooms of the surgeon and physician are placed in close proximity to each other, so that in any difficult case an immediate consultation can be effected. A paper is delivered to each patient, on which is written the name, age, and the needful prescription.

This prescription, technically termed a "letter," is then carried to another apartment, having, as before, one entrance for men and another for women, a wall separating them from each other. At the end of this room is a large window opening into the dispensary, and at this window the prescriptions are received, made up, and given out. In order to obviate the scrambling, jostling,

and struggling that, according to British custom, would inevitably take place without precautions, and which would be highly dangerous, not only on account of the patients themselves, but of the children which many of them carry, the only access to the windows is by means of a passage through iron railings, defended by a turnstile, so that the patients are, perforce, obliged to form a line—a *queue*, as it would be termed in France—and can only pass singly to the window. On arrival, they deposite the "letter," together with a bottle or jar, in case they require liquid medicine, and presently receive it back filled and ticketed. Legible labels, in very bold characters, are affixed to each jar or bottle, and, in order to prevent mistaken administration thereof, all medicines that are to be taken internally are distinguished by a white label, and all external applications by a gaudy yellow one.

Engaged in the task of dispensing the medicines are four qualified medical men, who are hard at work for five or six hours daily in mixing, labeling, and delivering the various remedies, and a large staff of experienced workmen is employed in preparing the drugs. Yet the multitudes that crowd daily to this room are so great that their wants could not be supplied in twice the time, were not the principal drugs kept in solution or other forms which are suitable for rapid measurement and immediate combination.

Having seen our Out-patients safely through their daily progress at the hospital, we come to the cases of a severer nature. These, termed In-patients, are at once taken into the wards, whither let us follow them.

As soon as they enter the ward they are delivered over to the charge of the "sister," or matron, as the office might be termed. In this hospital, however, the matron is the superior who, in conjunction with the steward, exercises a surveillance over the whole of the wards, and the head nurse of each ward retains the name of sister, which dates from time immemorial. To a novice the hospital nomenclature is often rather perplexing, and

to the outer world appears almost as absurd and quite as unintelligible as the slang terms of a public school to all who have not been educated within its walls. For example, as soon as the sister enters upon her office, she loses the name by which she is known to her friends, and is henceforth called by that of her ward, the result being sometimes rather amusing. The inmates talk with easy composure of a male sister, meaning thereby the sister of a male ward; and though such names as Sister Abernethy, Sister Queen, Sister Elizabeth, and Sister Faith, seem appropriate enough, yet a stranger cannot but feel slightly startled when he hears a summons for Sister John, Sister Henry, Sister Matthew.

The sister is the mainspring of each ward, and it is noteworthy that before she has taken office for many weeks, her individual character becomes so deeply stamped upon the entire ward, that a practised observer can deduce the character of the sister from the first glance round the little domain under her superintendence. Nothing seems to be so fatal to the prosperity of a ward as indecision in the sister, who stands in much the same relation to the patients as a schoolmaster to his pupils, and whose measure is taken in by the patients with the instinctive accuracy of sickness. Strange to say, the inhabitants of a ward rather like the sister to be sharp, decided, and driving, one who knows her work, does it, and insists upon all under her charge doing the whole of their duty to the minute. None seem to be more successful, or to gain more respect and real affection from the patients, than the thorough-bred Anglo-Saxon woman—quick, keen-eyed, brisk of movement, incisive of speech, and a disciplinarian of military rigidity. Her ward and private room are generally bright with flowers sent by discharged patients in kindly remembrance of her services, or brought by their country friends, in flat, circular messes of leaf, bloom, and flower, like huge warming-pans of concentric colors, which to the rustic mind is the very acme of floral arrangement. All the green forms a backing, and radiates gloriously

from the outer circle; all the red flowers form the next ring; then come the white flowers, then the purple, and the centre is generally florid with a full-blown sunflower.

Flowers, however, are the only gifts permitted to be offered by patients and their friends, or accepted by the sister or nurse, and even this relaxation of a necessarily stringent rule is mostly due to the fact that the flowers are distributed through the ward, and by their fresh brightness and delicious perfume, become the common property of patients, nurses, and sisters, and aid in relieving the monotonous aspect which such an apartment invariably possesses. There is, perhaps, no rule so sternly enforced as that which prohibits fees or presents of any kind to be accepted by any person employed in attending on the patients. Of course there are instances now and then where money is offered and accepted; but if the delinquency be discovered, the offender is at once turned off without hope of pardon, and the patient is discharged if the state of health will allow of removal. The hospital is a free one in the widest sense of the term. No letters from governors are needed, no introduction, and no interest, and the only recommendation is the necessity of the case. All persons admitted into the wards are fed and supplied with every necessary and many luxuries without any charge whatever; in cases of extreme poverty they are provided with decent clothing and pecuniary assistance when they are discharged, and there is also a fund which gives a small pension to a certain number of incurables.

Many vagabond impostors are accustomed to wait upon those kind-hearted people whose benevolence is right well known to exceed their knowledge or discretion, and to represent themselves as needing the aid of the hospital, but unable to avail themselves of the institution because they have not the required amount of clothing, and sufficient money to pay the nurses' fees, or to provide themselves with tea and sugar. Any philanthropic person who reads this paper, and is subject to such an application, is hereby warned that imposition

is intended, and is strongly advised to hand over the applicant to the police on a charge of obtaining money on false pretences.

To return to the sister. She is the supreme sovereign of her domains, as is indeed necessary in such an institution, and before she has been very long in the situation becomes quite an accomplished physician or surgeon, according to the nature of her ward. One of her chief duties is to watch every patient, and note every new symptom, and if she sees any change that she deems important, to send immediately to the medical man in charge of the ward and report it to him. She also administers all medicines, and is responsible for the proper measurement of every remedy, as well as for its reception by the patient.

Generally, however, there is little need of urging medicine on the patients, no matter how distasteful it may be. The class of people who form the bulk of the hospital population have an almost Oriental veneration for "physic," or "stuff," and really seem to be gratified in exact proportion to its unpalatable flavor. Pills, as a rule, they despise; powders they detest, these articles not coming under the honored apellatives of "physic" or "stuff"; but the treatment for which they have the greatest respect is a good draught, dark-colored to look strong, plenty of it, and horribly nasty. They like to feel that justice is done to them, and that they are not put off with weak and tasteless remedies.

As an example of this feeling may be cited the case of one of the large gaols, where the prisoners, though perfectly well, had got into an increasing habit of declaring themselves ill and wanting medicine. Finding that the number on the sick list was daily augmented, and knowing perfectly well that the men were in good health, but wished to shirk their daily tasks, the surgeon —at that time new to this line of business—attempted to disgust the feigned sufferers by mixing the most nauseous draughts that the druggist's shelves could supply. But, to his astonishment, the remedy had exactly the op-

posite effect. The men were charmed with the medicine —real strong doctor's stuff, and no sham about it, which you could taste for a fortnight. At last the surgeon bethought himself of changing his tactics, and instead of draughts, put the patients on a course of pills and powders. The effect was magical; the sick list was suddenly suspended; all the men in the sick room recovered, and no others came into it.

As a general rule, the best time to find a patient in the sweetest of tempers is to watch him take a very nasty draught, and then to go and talk to him while he is shaking his head and shuddering in the full enjoyment of its flavor. A fine large blister, too, is a thing to be proud of; it proves that the doctors are not neglectful of the case, and affords subject of conversation for several days. A patient of the regular sort always wants to show his blister, and is quite proud if you look at him while being leeched. It is probable that one cause of this remarkable idiosyncrasy may be found in the fact that the monotony of life in bed is relieved by active treatment, and that the greater number of patients are very illiterate, unable to divert themselves by reading, and cut off from the coarse amusements which they love best when in health.

Let us now visit a few of the wards, taking one or two of each kind. Of course, the male and female wards are quite distinct, except that children of both sexes are received in the female wards. The wards are again divided into medical and surgical, and the latter are again subdivided into accident, chronic, and operation wards, so that it is easy for one who knows the hospital to find the whereabouts of any patient whose name and ailment are given. The accident wards are placed on the ground floor, in order to avoid the injury that might be done by carrying the sufferer up and down stairs. On entering one of these wards, we find ourselves in a very large room, divided along the middle by a partition wall so as to form two separate apartments. These are technically known by the names of front and back

wards, because the windows of the front wards look into the large square of the hospital, and those of the back ward open into the space between the actual hospital and the buildings belonging to it. These form a double square, one within the other, and in the centre of the large square a plot of ground is laid out as a garden, with a fountain playing in its midst and gold fish swimming in the basin. This basin is often the medium for experiments on various aquatic animals, which immediately become objects of absorbing interest to the convalescent patients.

The partition does not extend quite to the end of the room, but leaves a passage between the front and back wards. A fire-place with various appliances is set in the midst of the partition, and a large supply of hot water is constantly maintained. This is an absolute necessity, as there are cases where an immediate warm bath affords the only hope of saving life; and on looking outside the wards we shall see on each landing a full-length bath on wheels covered with caoutchouc, which can be drawn into the ward, filled with warm water, and the patient placed therein in the space of five minutes; it is indeed got ready while he is being undressed. The use of the bath is one of the principal institutions of the hospital. All in-patients are obliged to subject themselves to the cleansing medium of a warm bath before they are placed in bed, none being exempt from this rule but those who are seriously injured or greatly weakened by illness. There are also two sets of warm, cold, and shower baths for the use of the out-patients, furnished with every requisite, and being served by persons appointed to this special office.

As a rule, each ward contains twenty full-sized beds for adults and two cots for children, half being in the front and the other half in the back ward. There is a wide space between every bed; and the room is so lofty, and the ventilation so good that the air is purer than in many a magnificently furnished drawing-room. At the end of the ward, and close by the door, is the sister's

room, where she sits like a spider in her web, ready to pounce out at every strange step, and to arrest the progress of any one not entitled to admission. Altogether there are 650 beds in the hospital, 400 of which are devoted to surgery, and the rest to medicine.

We have just entered a surgical ward, where are the cases demanding the severest treatment, and in which the popular idea of such places supposes that dreadful sights and fearful sounds are seen and heard continually. Sounds certainly are heard, but they are generally sounds of merriment, the patients of a surgical ward being, as a general rule, remarkably lively. The greater number of them find themselves better off than they ever were in their lives; they get far better food than the ill-cooked meals to which they are accustomed; they mostly have rather more than they can manage to eat; they have no work to do, and are perfectly well in health. So their only object is to amuse themselves, and this task they undertake with right good will. The "scholar" of the ward is generally induced to read aloud out of some of the many books provided for the patients, among which our old friends, "Black Giles the Poacher," "Tawny Rachel," "Hester Wilmot," "The Way to Plenty," and others of that thoroughly genuine series, are deservedly the favorites. Puzzle-making now and then runs through the hospital like an epidemic; and for two or three months kettle-holders were manufactured in such profusion that the family of each patient might be supplied, and each ward set up in those articles for the next few years. Water-colors are always in great favor, and the liberality with which Prussian blue, vermilion, and yellow ochre are lavished upon sailors, bandits, and Mr. Kean as Othello, is as amusing as the result is remarkable.

Now and then comes a patient of more sense than his fellows, who, feeling that he will be confined to the hospital for several months, sets boldly to work and tries heartily to improve his mind or learn some new art. Such patients are most grateful for a word or two of help,

and it is very pleasant to find them asking the surgeon or the chaplain to lend them books of a higher class than those which are supplied to the wards. Latin and French grammars, books in those languages, and Euclid have repeatedly been lent, and have always been honorably delivered to the sister before the borrower has left the ward. A few years ago one patient amused himself with oil paint, and after decorating all the flower-pots and saucers in arabesque patterns, became ambitious and tried to copy landscapes. Being a persevering man, with some taste for color and a good eye for form, he succeeded marvelously well, and actually sold his productions as fast as he could paint them.

There is a wonderful diversity in the patients, who, however, fall naturally into classes, and might be labeled and docketed like specimens in a museum. There is, for example, the take-it-easy patient, who never does anything in particular—never reads, never hurries himself, would as soon lose his leg as keep it, and would probably be quite unconcerned if the question referred to his head; perfectly contented, not in the least haste to recover, and is, in fact, an illogical optimist of the first water.

Then there is the confirmed grumbler, who is never pleased about anything, but always gets the best of everything; growls *sotto voce* at the doctors, yells lustily when touched, declines to answer inquiries after health, or only after several solicitations; allows the solitary word "Wuss" to escape his lips, and then shuts his mouth tightly, and looks at the ceiling. (N. B.—He is really much better, and improves daily.) When he is allowed to dress, he monopolizes the best place by the fire and the pleasantest seat at the window, and there sits taciturnly morose until he gets his dinner, which he eats rapidly and abuses it the while. In fine, he is the wet blanket of the ward, and as soon as he is fairly out of it a burst of sunshine seems to irradiate its inmates. Two or three of these grumblers are generally found in a ward in the course of a year.

To counteract the effect of this unpleasant personage,

there is usually the benevolent patient, who becomes the life of the ward, ready to help every one, and never thinking of himself. Lame as he is himself, he hobbles along to assist his neighbor who has risen for the first time, and is tremblingly endeavoring to move on unaccustomed crutches. He reads aloud for the benefit of the unlearned; he "chaffs" the grumbler, and neutralizes his complaining; he helps ignorant but industrious patients in their reading and writing; and, when he at last sits down, some small boy usually contrives to slide on one knee, and the cat jumps on the other.

Cats, by the way, are among the great institutions of a hospital, and on a very small average, each ward has a cat and two-thirds. They always have their particular allies among the patients, sometimes choosing the roughest and burliest for their friends; and it has a most absurd effect to see the rough, shaggy face of a navvy, and the smooth, sleek head of the cat, amicably reposing on the same pillow; and the man's half apologetic but kindly grin is a sight really worth seeing.

Then there is the religious patient, a not unfrequent and invaluable inmate of a ward, effecting wonders by the mere force of example, unwilling to talk about himself, generally rather silent for a time, but always having something sensible to say when the crust of reserve is broken through.

As a contrast, there now and then comes into the ward the controversial patient, mostly a brand new convert, always obtrusive and obnoxious, and who generally has to be silenced by the threat of expulsion. A controversial drayman seems rather an anomaly, but one of the wards was actually honored by that example—let us hope an unique one—a drayman who had been converted to some newfangled notions, who contrived a few days afterwards to let the wheel of his own dray run over his leg, and who was brought into the hospital with a zeal red hot as his face. Since drays were invented there never was such a drayman, and it is to be devoutly hoped that there never will be such another. He tried

to convert the surgeon, the sister, the nurses, the patients, the chaplain, the dressers, and the beadles. He occupied the bed at the end of the ward, called technically the state bed, because it is exactly the same as all the others; and as soon as he saw any one enter the door, he would in a stentorian voice demand their opinion of certain points of doctrine. He had piles of the fattest books in the smallest type, and would insist on reading passages aloud, to the great disadvantage of his own health. He would not keep himself quiet, and there were serious thoughts of transferring him to a separate room, where his leg might have a chance of mending, and where he might get up his arguments for proselytizing his fellow-draymen after his discharge.

There is always a tolerable sprinkling of foreigners, unable to speak English, and very ingenious in establishing a pantomimic language. They get on very well with their fellow-patients; but it is pleasant to see the sudden brightening of the face when addressed in their own language. Now and then a negro finds admission; quiet, mostly useful, with a subdued but contented look, and a pair of soft brown eyes like those of a spaniel, grateful for the least attention, and with a pleasant smile displaying a double row of white and regular teeth that would make a dentist's fortune. Irish patients are always plentiful, as they have a habit of partaking freely of the beverage of their country, ascending tall ladders with loads on their shoulders, traversing narrow planks at immense heights, and very naturally falling to the ground accompanied by their hods. They do not, however, seem to hurt themselves much; and horrifying as these accidents really are, some of them seem rather to belong to the mimic regions of pantomime than of dread reality, the results being equally harmless in either case.

After watching for some years the accidents that enter the walls of a hospital, three conclusions are arrived at: First, that the apparent severity of an accident is by no means proportioned to its effects upon the sufferer; second, that accidents seldom occur singly; and

third, that certain accidents generally take place about the same time of the year. So that an experienced sister can mostly predict the kind of work which will be given to her as soon as she sees the patient being brought towards her ward. The apparent impunity with which some men suffer the most fearful casualties is quite as remarkable as the fatal effects of a mere trivial injury on others. One man, for example, being in a room where some forty pounds of powder exploded, was blown through a wooden partition and landed on the grass, not very much the worse, except that he was rather stunned, very black, and could not for some time exactly comprehend what had occurred. Another fell off the top of a lofty house upon a heap of bricks, and was shot into a basket with such force that he had to be cut out with a knife. He left the ward in a few weeks, quite recovered. Another fell flat on the stone flooring of a new chapel, from a height of fifty feet, and was discharged in a week or two, without even a bone broken. Yet, though one man will sustain some such terrible accident without much danger, another will just step off the curbstone and be picked up with compound fracture of both legs. Indeed curbstones and orange-peel are responsible for a wonderfully large percentage of accidents, and the police really ought to prevent orange-peel from being flung on the foot pavement.

Again there seems to be an epidemic in accidents as in diseases. If one man is brought to the hospital in consequence of falling off a scaffold, four or five more are sure to enter from the same cause, though the accidents may have occurred in different parts of London. And if an accident of some peculiar nature happen, a second is nearly sure to follow before long. For example, there was a stationer's apprentice brought in with a severe injury to the chest, caused by falling off the steps with a ream of brown paper in his hands, the corner of the package coming on his chest. He was hardly settled in bed when another stationer's apprentice was brought to the same ward, having met with

exactly the same misfortune. There really seem to be some laws which govern accidental injuries as well as diseases, for at one time people get blown up by exploding boilers; at another time they get run over; at another they get crushed in machinery (boys are especially liable to this kind of injury); at another they break their knee-caps; and at another they fall down-stairs.

None of these accidents have any bearing on the time of year, but there are others which can clearly be referred to causes connected with the weather or the temperature. Winter, of course, brings many inmates who have fallen on slides, or slipped off the icy curbstone. Fearful cuts are often occasioned by the sharp edges of ice, and in some instances are of a severer character than those inflicted by broken glass. Bricklayers and masons mostly injure themselves in the summer and warm months; and the Irish hodmen are generally wonderful specimens of their race.

The connection between the time of the year and the kind of accident is, however, most apparent in children. In the summer they are run over by wagons, or pushed down areas by their companions. Towards the end of autumn they set their pinafores on fire, and drink out of spouts of teapots and boiling kettles; and about spring they generally begin to fall out of two-pair-back windows.

The children are, indeed, among the sights of a hospital. On first admission there is nothing but wailing and crying after mammy; but in a day or two they are perfectly reconciled, and become quite talkative. They are generally great pets among the other patients, being treated as living dolls, and gratified in every way, until they are as noisily sorrowful at being forced to leave the hospital as when they first entered its walls. On more than one occasion a child has made itself so ill by constant crying after its playmates that the mother has been forced to bring it back again. They have toys in profusion, dolls of course holding the pre-eminence, and it is a remarkable fact that the dolls have exactly

the same complaint as their little owners. Mostly, the children are very well behaved, and when they are noisy it is on account of the exuberant spirits of childhood. Now and then there is a peevish, fretful child, who refuses to be pacified, and is a considerable nuisance to the other patients. But of all the unpleasant inhabitants of a ward, the very worst is an Irish child accompanied by its mother. The child would do well enough, but the mother is so very energetic in her grief that the little thing can get no rest. She rocks herself backward and forward; she bewails her sad lot in the most fluent manner and the loudest tones, breaking every now and then into a prolonged howl; she claps her hands in cadence with her lamentations, and no sooner has the child fallen asleep that she wakes it with her demonstrative sorrow, and sets it crying afresh.

One of the chief benefits of this, as well as of other similar institutions, is the instantaneous readiness for any emergency at any hour. We will take an extreme case, and suppose that in the dead of night a poor man, endeavoring to escape through the window of a burning house, falls into the street, and in one moment lies stunned and bleeding on the ground, having evidently suffered injuries so severe that none but medical men dare to meddle with him. A messenger is despatched to the nearest police station, and in a very short time a couple of stalwart men make their appearance, bearing a litter expressly constructed for such emergency. With their gentle but strong and practised hands they place the poor wounded form on the stretcher, and bear the sufferer to the hospital gates. Meanwhile, all is in commotion within the halls, but no one is at all flurried; messengers are sent to the various surgeons, and almost as soon as the poor man is fairly deposited within the reception-room, the surgeons are ready to examine his injuries.

We will suppose it to be an extreme case, where immediate operation affords the only hope of saving life. Notice is instantly given, and the sufferer is borne gently

to the dread operating room, once the theatre of agony almost too great for the human frame to endure, but now shorn of half its terrors by the blessed influence of chloroform. It is a quiet-looking room enough, with nothing in it to alarm any one. All the array of instruments needed are kept in an adjoining room, where they are marshaled in proper ranks, and preserved in the very perfection of working order. Woe be to the delinquent through whose neglect a screw refuses to turn rightly, a silken thread is allowed to be tangled or an edge shows the least symptoms of dullness. A human life hangs upon every such apparent trifle, and each instrument, however simple it may be, is conserved and examined with a serious minuteness that would seem absurd to those who knew not the responsibility of the examiner.

In a wonderfully short time the operation is over, the wounded vessel that was draining the stream of life is secured, the sufferer is again placed on the stretcher, and conveyed to a bed which has been prepared in the meantime. Until he is out of danger he is never left for a moment, the surgeons relieving each other in a regular rotation, and keeping their anxious watch through day and night by his bedside. If the accident should happen to occur near the hospital, barely half an hour will intervene between the moment of its occurrence and the time when the sufferer is placed in bed.

If we now leave this kind of ward and enter one of those devoted to medical cases, we shall see very little difference. There is the same row of beds with their chequered curtains, and the suspended batons by which the patients are enabled to lift themselves in bed, and which are technically called pullies. Over the head of each patient there is the same looking white board, on which is written the name of the patient, the ward, the physician, the malady, and the daily treatment and diet, so that the whole case is seen at a glance. The sister in her blue dress, and the nurses in sober brown, are working in the same quiet way; the convalescent patients are talking in little groups, or reading, or watch-

ing their farther advanced companions walking in the square below. The wards are always in the same state of order, and any one can enter a ward at any hour of day or night without giving notice, and find everything going on in the same systematic fashion.

The general life of a patient is necessarily regulated with as much care as is exercised aboard a man-of-war. After breakfast the sister reads a few short prayers, a copy of which is hung over each bed, so that the patient may follow if he chooses. The medical men then make their rounds, and after them comes the chaplain, who reads a selection from the prayer-book or sometimes gives a short address, and then speaks a word here and there to the patients. There are three chaplains attached to the hospital, and as on the average each reads prayers six or seven times daily, there are eighteen short services held in the wards every day. One is resident; and they make arrangements among themselves, so that if a patient should at any hour of the day or night desire to see the chaplain the wish is immediately gratified. Patients of any religion or sect can have their own minister, and even members of the Church of England who desire to see the clergyman to whom they have been accustomed, or to whom they take a fancy, have only to express the wish and a messenger is immediately despatched. There is necessarily the proviso that any such minister shall confine his attentions to the particular patient who sent for him, or otherwise the hospital would be inundated with conflicting missionaries, and each ward turned into a polemical battle-field.

Dinner-time is fixed at 12:30, and about twenty minutes before that time a long stream of nurses is seen converging towards some stone stairs leading to regions below. Here the vast amount of varied food is cooked for the patients by means equally simple and ingenious.

On entering the kitchen we do not find the air particularly hot, and except a moderate fire, at which nothing is being cooked, and a row of dressers adorned with shining pipes, handles, and chains, hardly a sign of cook-

ery is visible. The dresser, however, contains several huge coppers, wherein all the beef-tea, broth, and similar articles of food are cooked. No fire is needed for them, as they are heated by steam supplied from a boiler outside the walls. The steam acts in two ways. To warm the mixture and keep it at the gently simmering temperature needful for the production of good broth, steam is admitted between the double jackets of which the boiler is made. To make it boil, when the temperature must be increased, steam is admitted from below, which passes through the liquid, parting with all its heat in so doing, and stirring up the contents of the vessel most effectually. Another large cauldron is heated by means of a gas-stove.

We ask the cook where the meat is roasted, and he answers by opening the door of a large iron-safe, let into the wall, where between twenty and thirty joints are seen sputtering at a wonderful rate. Two of these safes are placed side by side, and each can cook about thirty large joints. This structure is remarkably simple, the whole number of joints being roasted by a single row of gas jets round the bottom. The gas has no direct effect on the meat, being outside the gridiron and hooks on which the joints are placed, but merely heats the metal sides of the roasters, which are so formed as to reflect all the warmth upon the meat. This arrangement is so perfect that every joint is equally well roasted, whether it be at the top, the bottom, middle, or side of the roaster, and the ventilation is so powerful that the meat has not the least flavor of gas, as is too often the case when cooked by such means. It is a most economical system, for the dripping overpays the cost of the gas, being so pure and free from ashes or foreign substances that it is sold by contract at a high price. The open fire is mostly used for little extra delicacies which any patient of feeble appetite may fancy. There are, indeed, no bounds to the liberality of the hospital in this respect, and if a really sick person has a particular wish for any article of diet, it is at once ready, if the

hospital appliances are sufficient for that purpose, or, if not, is straightway purchased from a restaurant. Indeed, if a patient could eat nothing but turtles and venison, and drink nothing but Lafitte and Cliquot, they would be supplied without the least hesitation.

Arranging and giving out the rations is a business of some importance, and is thus managed. In the kitchen a large blackboard is placed, which is divided into lines and columns according to the following chart:

Total	Extra		Kenton	Harley	Pitcairn
		Half Diet			
		Half Diet Chop	2		
		Full Diet	6	23	
		Full Diet Chop		1	
	1	Broth			
	68	Beef Tea			
	54	Milk	1		
	3	Rice Milk	5		
	78	Arrow-root		2	
		Sago			
	30	Pudding			
	156	Eggs	5	4	

The board being black, the figures are written upon it with chalk, and, after the dinner has been served and the accounts checked, are erased with a wet cloth. At

the time when the above table was copied, Kenton ward was nearly empty, and Harley quite full; but in a week or two Kenton will probably have every bed occupied.

On the day when the writer happened to visit the kitchen, there were five hundred and seventy-three inmates of the hospital, who consumed eight hundred and twenty rations at dinner, including extras, such as pudding and arrowroot.

The manner in which the dinner is sent into the wards is very curious. On a long table in the centre of the kitchen are ranged a regiment of covered tin dishes, each stamped with the number representing a ward. When all is ready the cook turns off the gas, opens the door of the roaster, seizes a huge two-handled fork, plunges it into one of the joints, looks at a tin label fastened to the meat by a skewer, shouts out the number upon the label and the name of its proper ward, removes it, and hands the joint to an assistant, who places it in the dish corresponding to the number. It is then taken by the nurse of the ward, who carries it off to her domains, where it is carved by the sister, and distributed by the nurses. The whole of the cooking for six hundred patients, including puddings and various extras, is achieved by one man, aided by his wife and two maid servants. Nothing is wasted, and after the patients have eaten as much as they can manage, the whole of the remainder is distributed to the poor, so that there is no possibility of stale provisions being served out to the patients.

The arrangements for supplying the patients with medicine are quite as elaborately simple as those for supplying them with food. If we cross the square, pass into the dispensary, popularly called the "shop," because nothing is sold there, and look around us, we find ourselves in the midst of remarkable smells and singular sights. Huge jars and unlimited rows of bottles distract the eye, while we pass through another door and enter the laboratory. Here the various drugs are compounded—the whole of the mechanical work being done

by steam. In a little side-room is a small steam engine, which works a mill for grinding bark and other drugs. The mill is just like that of a powder manufactory, consisting of a pair of huge stone discs, rolling on their edges in a circular basin, and driven round by the engine. The same machine also works the sieve, which requires no aid except being occasionally supplied with fresh material.

Economy reigns supreme here as in other departments, and even the steam is not allowed to be wasted, but is condensed into distilled water, which is necessary for the manufacture of many chemical compounds. There are also seen two huge evaporating pans, with moveable covers, like copper domes, terminating in chimney pots of the same material, and the liquid in these pans is heated by means of steam, as in the case of the great cauldrons in the kitchen. Lest, however, the engine should be out of order, there is a fire-place under each pan, which would heat the various decoctions until the steam could be again supplied. In the many cases where valuable juices must be expressed by main force, a powerful Bramah's water-press stands always ready for use.

Here and there on the counters are seen great shapeless lumps of some dark substance, looking like spadefuls of black mortar, and each having a tin label stuck on it. Each of these lumps is a mass of pills not yet made up, but which will soon be cut into shape and size by a machine. The pills thus made are placed in great store-boxes, whence they are scooped with a shovel, just as bankers' clerks scoop sovereigns, and transferred to certain little pigeon-hole boxes just under the dispensing window. The pill-boxes are also kept in vast quantities, and each box is ready labeled, this operation being performed by the convalescent patients—mostly the children, who take to the task quite easily, as there is plenty of snipping and gumming in it; the boxes being of course classed according to their labels. There is also a large store-room where the drugs are kept before being ground and made up, and here, also, are placed the wine, brandy, and other spirits required by the patients.

Here is made that useful substance, called diachylon plaster by the outer world, and simply denominated "strapping" in surgical parlance. Like the pills, the grinding, and the sifting, the strapping is made by machinery. A strip of linen, about forty yards long and ten inches wide, is taken to the machine, and one end inserted between two rollers, which revolve as the linen is drawn between them; causing it to be equally covered with the substance that converts it into plaster, and which is seen bubbling in a trough, from which it is conveyed to the linen. The process of manufacture is quite an absurd sight. Two men seize the projecting end of the linen, and run away with it through the door-way, and through the dispensing-room, until they reach the window, where they hand it over to a couple of assistants standing ready outside, who continue to run away with it until the whole forty yards are expended. The air cools it almost immediately, and it is then sliced into lengths with huge scissors, rolled up, and stowed away. As this strapping is dispensed very liberally, it is needful to have some protection against the many impostors who would obtain it from the hospital, sell it for a few pence, and buy gin with the proceeds. The name of the hospital is therefore printed in full in diagonal lines across the back of the linen, and the type is so bold and the lines so close together that it would be impossible to behave dishonestly without detection. Similar precautions are taken with every article of portable property belonging to the hospital—such as plates, dishes, tinware, sheets, counterpanes, and blankets, all of which are marked so boldly that they must be recognized, and so ineradicably that in most cases to obliterate the mark would be to destroy the article.

Before closing these remarks, it will be as well to mention a few statistics gathered from the institution.

It is found that of the whole number admitted into the wards in a single year, nearly eighty per cent. are discharged either cured or relieved, and that about ten per-cent. die within the walls. Of these, however, about

one and a half per cent. are nearly dead when brought to the gates, and die before they have been within the walls for one day. Of the deaths, the greater number are attributed to the scourge of our land, consumption, which insidious disease carries off thirteen per cent. of the whole number. The next fatal malady is bronchitis, which kills about eight per cent.; next comes burns and scalds, which account for six per cent.; and next in order is inflammation of the lungs, which carries off five per cent. So that more than twenty-five per cent. are attributable to affections of the lungs. Scarlatina, so much dreaded, only gives two per cent.; and croup, the just fear of anxious parents, only kills one per cent. Fever and apoplexy are marked by the same figure as scarlatina; and dropsy and diseases of the heart (often allied) range between four and five per cent.

During the last official year no less than 105,452 sufferers applied for and received relief from this institution, of whom 5,633 were admitted as in-patients, and more than 35,000 were surgical casualties. There is also a provision for ensuring gratuitous attendance upon poor women about to become mothers; and during the past year 849 children were ushered into the world under its kindly auspices. Six pensioners have been added to the list of poor incurables, and a sum of £522, 5s., 10d. has been expended in giving clothes and pecuniary relief to discharged patients. The former fund is known by the name of the Priscilla Coborn Charity, and the latter is called the Samaritan Fund. Various other patients have been presented with costly surgical apparatus and other appliances. No less than thirteen pipes of port wine have been consumed by the patients within the last twelve months, and it is found that, upon an average, one pipe of this wine is drunk in twenty-eight days. Sherry and brandy are not included in this estimate. The whole of the funds (almost entirely derived from landed estates) which are needed for the administration of such enormous expenses, is managed by a resident

gentleman, who gives his unpaid services to the institution, and who is the virtual head of the hospital.

Ex uno disce omnes. The foregoing sketch of the Inner Life of a Hospital is necessarily given in outline, and admits of few details, the whole system of medical and surgical instruction being omitted for want of space, and the description confined to its immediate bearings upon the patient. Still, it is hoped that the reader may have gained some knowledge of the intricate and costly machinery by which these valuable institutions are worked, and of their claims to consideration on the part of the wealthy and benevolent.

NURSE MIRIAM'S CALL

Adelaide C. G. Sim

NURSE MIRIAM'S CALL.

THE Sister in charge of the large hospital just outside one of the grimiest, noisest, busiest, and most crowded of our manufacturing towns was standing in the doorway of her own special quarters, at one end of the long plain building, looking after the doctor who had just left her at the close of a lengthy conference on hospital matters. It was a very raw November day, a damp fog was settling down over the flat waste of land that lay between the hospital and the great town about two miles distant; it hung in glistening drops on the black iron railings around the Sister's little plot of garden, and weighed down the slender branches of the few stunted shrubs that managed to hold their own in the poor soil and smoke-laden atmosphere. A dreary prospect, but yet, as the doctor disappeared through the big gates, although the Sister gave an involuntary shiver which shook her ample form and made the white wings of her headdress tremble, she turned back to her little sitting-room with a bright smile of contentment and triumph. A good woman was the Sister Superintendent and what is perhaps rarer, a clever one also. She had her own ideas as to the administration and government of the large establishment over which she presided, and on occasions would defend those views even against the doctor with much energy. This afternoon, however, the two authorities had agreed with remarkable unanimity on one matter very near to the Sister's heart, the promotion of Nurse Miriam, and as the Sister sat down at her writing table and turned to the consideration of the weekly bills, she smiled again at the thought of having so easily carried a point for which she had been prepared to fight her hardest, for after two years' residence

in the hospital the appointment to be bestowed on the nurse was an almost unprecedented favor.

It was only two years since a poor wasted woman had been found lying sick of typhoid fever in a miserable lodging in the town and brought to the hospital by her landlady, who could give no information respecting her, beyond the fact that she had paid a week's rent in advance, had asked for a cup of tea, and, poor soul, had fallen asleep on the bed while it was preparing, to awake delirious and in a high fever. She lay for weeks between life and death in the hospital ward, and though at times she talked volubly, the nurses and sisters could make nothing of her ravings, and only agreed that she spoke like an educated woman, and that the voice that came from her poor parched lips was singularly sweet and low. She was so ill and for so long as to create a special interest in her case among the staff, and when at last she was pronounced out of danger, there was a general feeling of relief that the natural curiosity she had aroused would be at last satisfied, and that she would soon be able to give an account of herself.

But the patient seemed in no hurry to do this; she lay perfectly quiet, watching all that went on around her with great hazel-brown eyes, which, now that the fever had left them, showed languidly beautiful under her finely penciled brows. She accepted all that was done for her with the gracious courtesy of a queen, and asked no questions as to how she came there or who those around her were, and after a few unavailing attempts to arouse her to talk about herself, the nurses left her to be interviewed by the Sister Superintendent. This dignitary finding her one morning sufficiently strong to bear the effect of conversation, sat down by her bed, and congratulated her on her improved appearance.

"I dare say, my dear child," she went on, "you would like to let your friends know where you are. I'm afraid they must have been very anxious about you, but as we could find nothing to give us a clue to your name and address, we could not communicate with them. Now if

you will tell me I'll write at once to them, and they can come and see you." The sick woman flushed a little during the Sister's speech, and her thin fingers fidgeted the wedding-ring they had noticed on her left hand, but when she answered it was in a quiet level voice, "I thank you very much, Sister, but there is no one to write to. I am quite alone in the world since I lost my husband." She caught her breath a trifle before the last words, and the Sister looked a little keenly at her, but it did not seem to embarrass her in the least, and she went on after a moment's pause, "I'm afraid I have been ill here a long time, and I am so grateful to you all for your goodness and care of me. The last thing I remember was being so tired and so miserable, and hoping that I might go to sleep and not awake again, and now I am so comfortable and this is so resting and peaceful, I'm glad and thankful to be alive still. You won't send me away just yet will you?" "Send you away! Why, my dear, you won't be fit to be moved for another three weeks, and then you will have to be looked after very carefully. What is your name?"

"Miriam."

"And your surname?"

The patient did not reply for a moment, and then looking at her questioner almost defiantly said, "Barton, Miriam Barton"—but next minute with a smile which would have disarmed a much more touchy person than the good Sister, she added, "Please don't ask me any more, now. I'm so happy to be here." And somehow all attempts at solving the mystery of Miriam's past life ended in a like unsatisfactory manner.

She rapidly became convalescent, and as soon as she was up began to make herself useful to the nurses, and to enliven and cheer the other patients. She seemed to possess an unending store of anecdotes and stories, and as she grew stronger might be heard singing to herself in a sweet mellow voice like a thrush in springtime; but, although many of her stories were personal experiences, no one gained any knowledge of her antecedents beyond

the fact that she had led a rather wandering life, and had been pretty well all over England. The chaplain made an attempt to gain her confidence, but at the conclusion of a long conversation, could only report that her views were those of an excellent Churchwoman, and that he quite believed her when she assured him earnestly that she had no relations or friends to whom she was accountable, and both he and the Sister Superintendent were only too glad to support the petition she made to the hospital Committee to be allowed to stay on and qualify as a nurse when she had quite recovered her strength, and, be it added, her beauty. For, as her health returned it dawned on every one, from the visiting physician to the boy who cleaned the boots, that Nurse Miriam was what the former denominated "a very fine woman," and the latter a "stunner!" She was rather above the middle height, with a figure that asserted its claim to admiration even in the straight-cut hospital uniform, and she moved as a poor German patient described it, "Wei eine Gottin." Her prettily shaped head was a mass of golden brown curls that refused to be entirely hidden away under her white cap, and her almost classic features were redeemed from severity by the sweetness of her laughter-loving mouth. She would have been almost worth keeping as an ornament, but to the delight of the doctors and sisters she showed a distinct genius for nursing, unbounded energy, unflagging patience, and with the most sympathetic nature had nerves of steel.

She had become a treasure in the hospital, and the doctor's promise to appoint her head of the accident ward was a source of intense gratification to the Superintendent.

The dull miserable afternoon wore on, and presently a knock at the door interrupted the Sister's accounts, and at her "Come in," Nurse Miriam entered dressed for walking. "Do you want anything in the town, Sister; I'm going in to do some shopping—I want the exercise—I shall be back by tea-time?"

Of course there were a few trifles to purchase, and the messages to be left, and then, after a recommendation not to be out in the fog too late, and to be sure to take a 'bus home, Miriam started on her walk. It was not a cheerful road to the town, leading as it did past brick fields and desert places waiting the advent of the jerry-builder, nor did it look even its evil best on this yellow, misty winter's day. Nurse Miriam shivered a little as she plunged into the fog, and drew her long grey cloak more closely round her, but starting at a good swinging pace she soon began to feel exhilarated by her own motion which sent the blood coursing through her veins, and brought a vivid color into her cheeks. The road was not much frequented, only workmen living in the little settlement that had grown up around the hospital used it morning and evening, going to and fro to their work in the town, or a cart would lumber past at long intervals, and this afternoon the fog had settled down so completely that one could not see a yard ahead. Nurse Miriam walked along revolving in her own mind certain improvements in a system of bandaging now being experimentally tried in the accident ward, when suddenly the sound of voices young and boyish pierced through the dark air and fell on her ears.

"I'm awfully sorry for the gov'nor; it will mean a dead loss to him having to change the bill to-morrow, but I don't see what else he can do. There's no one in the company to play Rosalind. Can you see Miss Karslake in the part? 'Alas the day! what shall I do with my doublet and hose?' in that shrill scolding voice of hers?"

"Her voice would suit the part about as well as the doublet and hose would suit her figure," was the reply, and the speakers joined in a hearty peal of laughter as they walked past without noticing the grey-clad woman who stood motionless near them, for at their words Miriam had stopped dead. A miracle was happening. For her the fog had rolled away, the long straight road had disappeared, the sky was bright above, the tender green of the forest of Arden was over her head, the tall ferns

reached to her knees, the spring flowers bloomed at her feet, and rushing to her lips in broken tremulous accents came the sweet womanly words that Shakespeare has put into the mouth of his most winsome, best-loved heroine. Speech after speech she recited, at first under her breath with little trembling gestures, such as a dreamer might use, moving a few steps to the right or left as she spoke; then her voice grew gradually clearer, her movements more defined, till at last, her long cloak thrown back, her eyes all alight, her lips parted in a laugh, she turned quickly with her arms extended and met—not the gnarled oak trunk where Orlando hung his verses, but the grim brick wall of a villa garden!

She leaned up against it for a moment, pale and trembling, half giddy with the sudden consciousness of her return to real life, then she heaved a long sigh as if bringing her very soul from another world, and started again on her way with feverish haste, her lips close pressed together, her brow knit.

Once in town, she became her practical, energetic self —ordering, selecting, bargaining, executing all her many commissions, until at last everything being satisfactorily completed, she came out of a shop in the principal street and paused for a moment irresolutely. Facing her was a dead wall on which the light of a neighboring gas lamp fell, covered with advertisements. The merits of the latest improved bicycle were there set forth, the newest baby's feeding bottle, the most stylish three-shilling hat, the forthcoming chapel sale of work was there announced, and in the very centre was a huge orange-colored poster informing the public that Mr. Jebb's celebrated London Company was engaged in the Theatre Royal for six nights only.

Nurse Miriam gave one long searching glance at this, and then set off as fast as she could down the street in the opposite direction to her way home. It was a dirty old part of the town where she found herself after a few minutes' rapid walking, but she seemed to know her way, and taking a turn to the right down a very pokey, dis-

mal alley, she stopped before a small doorway with a lighted gas lamp above it. The door was only half closed, and yielded to her push, and as she entered the narrow badly-lit passage a man's voice came out of the semi-darkness demanding what she wanted.

"I want to see Mr. Jebb on business, and at once."

Her imperative manner seemed to impress the guardian of the place, for without further ado he called out, "Well you'll find him on the stage, straight on and mind the step; wait a bit though 'e's a-coming out," and as he spoke an elderly man stout and clean-shaved with a rather crumpled appearance, and a hat on the back of his head, came quickly down the passage to where the nurse stood.

"Here, Moxon, what does this lady want? Oh! a nurse, eh! My dear madam, if you've come to ask for a benefit for the hospital or anything of that kind, I'm exceedingly sorry, but—"

"But I haven't come to ask for anything, Mr. Jebb," said Miriam, her voice trembling, "I've come to know whether you'd like me to play Rosalind for you to-morrow; and oh! my dear old friend, surely you haven't quite forgotten me?"

She held out her hands as she spoke to the astonished manager, and the eyes she raised to his were full of tears. He caught her wrists and drew her under the light. "Great Scott!" he exclaimed, "it's Miriam Durand. Why, my dear child, you've come to save me; know you, indeed, as if I shouldn't know you anywhere. Where on earth have you come from, and what are you doing in this get up? Here, you there, what's-your-name, give me back those notices for the press, we'll play 'As You Like It' to-morrow, and if we don't knock 'em my name's not Walter Jebb. I'll have a poster out in the morning that will make them sit up, I know. There, there, my dear, why what's the matter?" for Miriam had hidden her face on her old friend's shoulder, and was sobbing as if her heart would break.

"Now don't cry, for Heaven's sake don't cry; here come

round with me to the Missus, and have a bit of something to eat and a cup of tea, and you'll be all right. We've no show to-night, and our diggings are close by, so you'll spend the evening with us. Why, my dear, you've come like an angel at the very nick of time; there's nothing to cry about." And, talking all the time, the good-natured old fellow led his companion through one or two little winding streets to his lodgings.

Mrs. Jebb's astonishment was as great as her husband's, and even more voluble, and having first enveloped Miriam in a vast embrace and then wept freely over her, she was at last persuaded by the manager to sit down to her meat, tea, and explanations.

"To begin at the beginning," asked she, "where's your husband, and what have you been doing these last three years, and why are you dressed as a nurse?" "And can you rehearse at ten to-morrow?" interrupted her husband.

"I'll rehearse whenever you please, Mr. Jebb, and I only hope I have not forgotten everything I ever knew, but I haven't played since I left you, and I didn't know I should ever play again. I thought that part of my life was all done with and put away, but to-day I heard some one say a line of Rosalind's, and I felt as if I were raised from the dead. I couldn't stay another moment, and when I found it was your company here I came straight to the theatre, and please take me and let me go back to the dear old times," and as she finished Miriam left her seat and came up to Mrs. Jebb and put both arms round her neck.

"Take you back, my dear, why of course he will, and glad enough to have you," said the old lady, "we've never got used to being without you; but, Miriam, my dear, when you left us you were to be married. Didn't that fellow keep his word?"

Miriam pulled off her left glove and showed her ring. "He was a scoundrel, Mrs. Jebb, but not so bad as that; but when after a year's misery he deserted me, I was ashamed to let you or any of my old friends know. I

somehow found my way here, fell ill, and was taken to the hospital—"

"Where they made a nurse of you?"

"And where I ought to be at this very moment!" cried Miriam. "To think that I could have forgotten my work! What will the Sister say?" And she hurried off regardless of her friends' remonstrances. What the Sister did say when she heard Miriam's story proved her, as I have said, a clever as well as a good woman. "My dear, good actresses are much rarer than good nurses; God bless you, and when you come to the town next time give us a benefit for the hospital." Which Nurse Miriam never fails to do.

HALF-AN-HOUR'S CHAT WITH THE HOSPITAL NURSE

The Rev. Algernon C. E. Thorold, M. A.

HALF-AN-HOUR'S CHAT WITH A HOSPITAL NURSE.

TO THE gentle art of nursing there is no royal road; those who to-day are fitted for the charge of sick-rooms and hospital wards acquired their skill alone through the long vigil of night-service and the hours of daily routine.

Among all the handmaidens of human kindness none are called upon to qualify themselves more strictly than the brave women who from time to time enroll themselves in the noble army of nurses, and who, at the instant and often sad summons of the telegraphic message, set out, not thinking of themselves, in response to the distant voice of weeping: "Come over and help us."

Perhaps few more genuine surprises meet any novice than those which await the entry of the hospital probationer upon her duties; and the real nature of the work, as a rule, comes so forcibly that even if the "new pro." does not seek a very early interview with the Sister to ask that her name be withdrawn, the first three months is in general a time of many tears out of hours.

"Imagination and reality are then so different?" I suggested to my friend, a hospital nurse.

"Yes. Many of those who come in think they are only wanted to sit by bedsides and attend to the small needs of the patient; but when they find that all the hard work and running about is their duty also, and that they have to learn and to obey, they think they had better not stay."

"Is not the first real hospital-morning very trying?"

"Yes, the ordeal is severe, especially if the round is in the surgical ward. The dressing of wounds, the bandaging, and so forth bring hitherto unknown and unexpected feelings. The doctor and the staff-nurse know

well, of course, the reality of the probationers' suffering, and often make excuses for their temporary absence from a bedside; but as a rule when the rounds have been made a few times confidence and self-control are soon gained."

"There are grades among the probationers, no doubt?"

"Yes. After six months a probationer becomes qualified for night-duty, when the responsibility of her position is of course increased—the Sister and staff-nurse not being at hand; but by this time she will have acquired some of the most important qualifications for her post—self-reliance and promptitude of action."

"And how long is the entire course?"

"Two years, during which many divisions are passed through—medical and surgical in both men's and women's wards, the Eye Hospital, the Children's, the Infectious, and the Convalescent."

"The discipline is very strict, no doubt, in hospital life?"

"Yes, almost martial! Method, order, and neatness are primary virtues. Nor are delinquences when discovered left to be spoken about till next day; the penalty follows immediately upon the fault. Our lodgings in connection with the hospital were seven minutes' walk distant, yet at times the telephoned message would come, 'Send back probationer So-and-so,' who on arrival would be requested, with becoming gravity or displeasure, to 'put that bottle in its proper place in the cupboard,' and told that then she could go home again!"

"Hospital life is never dull at all events," I said.

"No indeed. We have experiences of all sorts—some humorous, some tragic. Convalescence often leads to complications, and turns a quiet patient into an intractable one. When the turn comes a good appetite soon follows, and the niggardly allowance ordered by the doctor is badly received. Of course the nurse comes in for all this, and she has to promise to persuade the doctor to allow more. 'Can No. 12 have something solid?' the nurse asks one morning. 'He says he is starving.'

'Well, yes,' says the doctor; 'let him have some bread and butter.' The patient is radiant at the thought, and the next meal is awaited in anxiety. 'Ah, nurse!' he says as he sees a plate arriving, 'is that the bread and butter?' 'Yes,' says the nurse; 'here it is.' 'Hullo!' exclaims the patient as he sees a very thin slice put before him, 'is that the bread and butter? Well look here, nurse; if I can't have more than that I'll have none,' and, in a moment whiz goes the plate across the ward, bread and butter and all! The nurse only picks it up quietly, and says, 'Very well perhaps you will have it presently,' and after a little back she comes as smiling as ever, and persuades her charge to make a beginning with it. Or perhaps the doctor orders fish instead of the everlasting 'milk diet.' 'Fish? Ah, that will be a change!' sighs the patient. This is before dinner. Then comes dinner-time, and with it the punctual nurse. 'What is this?' querulously asks the patient as he sees a suspicious-looking basin in the nurse's hands. 'Soup.' 'Soup? But the doctor said I was to have fish.' 'Ah! so he did; but that's for to-morrow. It's soup to-day; will you have some?' 'Now look here, nurse,' says No. 12, 'I don't mind a bit of a lark sometimes; but when the doctor says I'm to have fish I'm not one to be put off with soup. Shan't have the soup—there.' 'Oh, come,' nurse says, 'the fish is for to-morrow, not to-day; doctor's orders are always like that.' 'No. I was to have fish; shan't have soup. If I can't have fish I won't have anything.' 'Very well,' nurse says quietly, 'you know best; I'll bring it again at tea-time.' Tea-time comes. 'Well, here's some soup. Will you try it? You must be hungry.' 'No. Take it away; if I can't have fish I won't have soup.' 'Very well. Perhaps it won't matter, as your case is not a very bad one,' and the soup disappears again. The same occurs at breakfast-time; and at last comes the doctor. 'Doctor,' says the patient, 'didn't you say I was to have fish for dinner yesterday?' The doctor exchanges glances with the nurse, who says, 'No. 12 has not had anything since yesterday. He would not take his soup.' 'Oh-h!' says

the doctor. Then No. 12 breaks in again: 'Didn't you say, doctor, I was to have fish?' 'Yes; I ordered you fish for to-day; but as you have not had any nourishment since yesterday, fish will not do for you to-day. You must go back to milk-diet again.' 'What! Soup? Never!' 'Very well; if you don't like what we are doing you need not stay. There are several waiting for your bed,' and with the parting 'Soup' to the nurse, he walks off. Then there is a general laugh round at the victim; everybody has kept the little secret well, anticipating the joke of middle-diet punishment."

"Visitors' days must be somewhat trying?" I said.

"Yes. Two days a week are generally set apart for visitors, and we nurses resign ourselves to the case as placidly as we can; and we need patience. A rigid rule says that no one under treatment shall receive things to eat without the consent of the nurse in the ward; this leads to endless inquiries. After a few minutes of arrivals a friend comes to the nurse. 'Well?' 'Oh, please, nurse, may I give my girl a few grapes?' 'Yes.' A minute or two after the same friend comes again. 'Oh, nurse, I have given her two grapes; may she have any more?' Then another visitor arrives. 'Please, nurse, may my John have an orange?' 'Yes.' 'Thank you, nurse.' After a few minutes: 'Oh, nurse, I have given my John half an orange; may he have the other half?' Then a third comes: 'I say, nurse, Mrs. Jones is sitting on No. 4's bed, and a-crying ever so bad. She's worrying him awful'; and nurse has promptly to remove Mrs. Jones, who retires, to recover and return.

"Visiting days are anxious times very often as well; terrible mischief results sometimes from the mistaken kindness of friends. From behind the screens the nurses at times hear such sentiments as: 'Now, never mind her. They want to keep you in; but if you have a real hankering after a thing, it won't hurt you—my father always said so.' Of course strict orders are given to the visitors: 'Now, Mrs. Jones, you are not to give your husband anything to eat; you understand, don't you?'

'Oh yes, nurse; of course I do. I shouldn't be so soft when it's against the rules.' But next morning, when the doctor comes, perhaps the patient's temperature is much higher than it should be. 'What's this, nurse? He has had something to eat?' 'No; nothing that I know of.' 'Well, he has. What have you had, No. 5? What did your wife bring you yesterday?' 'Nothing, sir.' 'Ah, well.' After a little the nurse is tidying, and finds in No. 5's locker the remains of a coil of black-pudding!

"Typhoid patients need great watching. Food, other than ordered, is sometimes sudden death. I remember the case of a little boy under treatment for typhoid who was visited by his mother. 'Now, Mrs. Smith,' said nurse, 'remember, please, you must not give your little boy anything at all to eat. Will you promise me?' 'Yes. Oh, *of course* not.' Towards evening the nurse in charge noticed a great change in the child's appearance, and at once telephoned to the doctor. The same old question came: 'What has he had to eat?' 'Nothing but orders.' 'Well, he has. You can see that for yourself.' But no one knew. 'Well, he is dying. I can't do anything. Perhaps the mother may get in time if she comes at once.' When the mother came nurse said: 'You promised me not to give your child anything to eat, didn't you?' 'Yes; but I only gave him a little bread and butter.' 'Ah, well; you have killed your little boy, Mrs. Smith. Look, he is dying now.'

"One woman persuaded her husband—a typhoid subject—to eat the forbidden food, and she was sent for, as his condition was alarming. 'Now, Mrs. Hope, what did you give him when you came this afternoon?' 'Nothing; oh dear, no!' 'Well, look here. We think your husband has had something to eat. If you did not give him anything we can't do much for him, and he will die—do you understand? But if you can remember what you gave him perhaps we can help him. Now, what did you give him?' 'Oh dear—oh dear! Well, some pork pie!' Another day a little girl was to be operated on. 'We are going to operate on your little girl to-day, Mrs.

Green. She mustn't have anything to eat.' 'No, nurse.' During the operation a strange change came over the child, and breathing stopped. 'Hullo! she's choking. She has had something to eat.' 'Oh, no,' the nurse said. 'Well, stop the operation. We must open her throat.' The result was a large piece of apple.

"Other visitors come and go, *ex officio*, without notice. They come into the wards as they like—clergymen and ministers of all denominations. They are, of course, well known for their sympathy; but at times they get taken in very much. 'Oh, yes; he believed it all,' said one patient to another. 'Oh, did he?' said nurse on the other side of the screen, 'well, I don't think you'll get that suit of clothes anyway.' Then there's a laugh, and 'I didn't think you heard, nurse.' 'Ah! but I did.' Begging characters are soon known in the hospitals, and hints are given to benevolent callers."

"I suppose it is important to keep the patients cheerful?"

"Yes, though in the surgical ward, where the patients are not bodily ill, it is sometimes almost necessary to restrain them. The patients do not lose interest in outside matters either, and sometimes things get serious. We were called once by loud cries of 'Nurse' to two angry convalescents talking politics in the balcony, and the excitement between them was so great that in a few minutes more one or both would probably have been lying some distance below on the ground. Next day they both promptly received their discharge. The winning candidate came through the wards soon after, talking to the men here and there. One old man wouldn't listen. 'Don't; stop talking to me. I don't want to hear you. Go on now.' A little later he woke up to find his bed covered with blue bows and ribbons. Presently he called nurse. 'Well?' 'Look here. I'm not going to sleep with these things tied to my bed. I'm a Radical.' 'Oh, it's all right; its only their joke.' 'I don't care. I'm a Radical. I'll have 'em off if I get out.' 'Oh, go to sleep, and forget them.' After a few minutes the nurse's attention

was called to him again by strange sounds; and there he was, splints and all, getting out of bed. The bows were soon off all through the ward; the nurse had seen enough of politics."

"Real difficulties take place sometimes no doubt?"

"Oh, yes. Those who have laid violent hands upon themselves often give trouble; at times they are quite dangerous in an after-frenzy. One powerful man called the nurse, and then, suddenly springing out of bed, dashed her to the floor. Fortunately one of the other patients was able to help for the moment till he was secured. In some hospitals the surgeon will not sign the admission form in these cases when application is made by the friends, unless a policeman is sent in as a special attendant. This is absolutely necessary where there are no men attendants attached to the hospital. The constable's ideas of his duties are sometimes almost comic. Of course, from long practise, a nurse can watch any patient without distressing him; but a policeman's ways are quite different. 'Won't you sit here, constable?' the nurse says; gently hinting, 'he'll go to sleep I expect, and you will be more comfortable.' 'No, thank you miss, I'll keep handy.' All the time the policeman is sitting close by the bedside and staring at his charge. Perhaps the nurse makes another attempt: 'Do you know, I am sure it will be better not to touch him?' Probably the constable has actually his hand on the man's arm! 'Well, miss, there's no knowing what he'll do. I think I'll be near him.' It is found advisable at times to get the constable to take a little walk for a change. 'Nurse,' says the miserable patient, 'I promise not to move if you will only get that man away. I can't bear it any longer.' One patient, suddenly frantic, made a rush for the window, leaving half his garments in the brave nurse's hands as she tried to stop his flight through the air."

"Are the patients, as a rule, grateful for all you do for them?"

"Well, sometimes they are too grateful, and their feel-

ings run away with them, with inconvenient hints and interesting offers."

"What do you do?"

"Oh, we stony-hearted nurses have only one rule. The grateful patient is removed into an inner chamber where another hand does duty, but the patient and his old nurse meet no more. But, then, sometimes they are hardly grateful enough. When they leave, the secretary asks them, among other questions, 'Have you any complaint to make?' This gives an opportunity sometimes for grumbling. One old woman answered, 'Well, I don't think the doctors did all they ought to have done for me.' 'Oh,' said the secretary, 'that's your complaint, is it? Well, come with me; there's a Board meeting on now. Oh yes, you must come, please'; and almost before she knew it she was standing in the boardroom, before all the doctors. 'No. 10 has a complaint to make.' 'Oh yes. Well, what is it?' But her courage had vanished. 'Oh dear, no; thank you. I don't wish to make any complaint at all. I think this a very wonderful institooshun. Let me go, please.' 'Good-morning.'"

Sunday comes week by week in the hospital ward as everywhere else, and with it the chaplain's ministrations. Everybody knows the soporific influences about on any Sunday afternoon; but in the hospital I found that the spirit of slumber at times is very assertive indeed. I was not surprised, therefore, to hear that even patients suffering all things draw the line at the sermon, and that over-tired nurses accept those minutes as an offering to their weariness, and are not always ready when the signal for the close comes.

"Well," nurse said, not wishing, I could see, to hurt my feelings, "I think we all used to go to sleep on Sunday afternoons, but then Mr. Blank was very Low Church."

THE HOSPITAL MISTLETOE

Joseph Hatton

THE HOSPITAL MISTLETOE.

"WHAT is that faded branch?" you ask. A sprig of mistletoe. It is the token of our love.

"How sentimental!" you exclaim. No; it is not culled from the bough under which I kissed her. Ours was not a match of the common kind; it was not inaugurated with blindman's-buff and kiss in the ring. "The mistletoe hung in the castle hall?" No, my friend; you are quite wrong. There were no merry guests going hither and thither under that treasured sprig of the mysterious parasite. Tell you the story? I will. It happened in this wise.

I was the house-surgeon of the Severnshire Hospital. One autumn day a patient was brought into the accident ward. He was a gentleman. No one in the town knew him. He was traveling through the county. In the high street of the city he had been thrown from his horse. When he was picked up, he said, "Take me to the hospital; I am a gentleman, and will pay for attention; but I prefer the hospital." So they brought him to us. He was very seriously hurt internally. George Gregory Newbold was his name.

"I don't live anywhere in particular," he said, a week after he was brought in. "I am a traveler; I have been in nearly every nation of the world. I can refer you to the Bank of England. I have property in Hertfordshire. I am very comfortable here, and grateful for the kindness you have shown me."

He was a handsome man, with a tender, sympathetic gray eye, and a soft musical voice. There was something about him that excited interest at once. It was an honest, open, candid face, with lines of care and trouble about the eyes.

"Yes, you are right, doctor," he said to me one Novem-

ber day, when he appeared to have rallied considerably. "I have had a great deal of trouble; not the sort of trouble which usually knocks a man up—not money anxiety, nothing of the world's worry, in truth. Yet I have suffered tortures almost beyond endurance."

"Can I be of any service to you, Mr. Newbold, beyond the poor professional services which it has been your misfortune to require here?"

"No, thank you, I think not. I often think I shall never recover. If I could see my sister again, I could die happy; that is, as happy as man can die, when death separates him from the only being whom he loves, and whose protective hand she may need. I will tell you my story, doctor. You are a good man; I know that by your face, and by your great kindness to me, a stranger."

"I trust I should be none the less attentive to any patient," I said; "although I confess that you have interested me much."

"You are very good," said Mr. Newbold; "heaven will reward you. When I was an infant, my father died, and left myself and sister to the care of our mother. It is only doing the memory of my mother ordinary justice to say that she was as good as she was beautiful. She died ten years ago. For five years we lived in the old house, my sister and myself. We had no cares, no troubles; life with us was a continual summer; to make each other happy was our only anxiety. It had occurred to me more than once—many times, indeed—that Lucy might marry and leave me. I should have regretted this for myself, but not if it secured and perpetuated Lucy's happiness. One day—it only shows how blind we men are—Lucy told me she was in love."

"You are faint, Mr. Newbold," I said; "rest awhile."

"No, no; I am stronger than you think," he said, smiling and waving me to be silent. "It was a young fellow who had often been to the house. I ought to have known. When Lucy told me, I could see how indiscreet I had been. He had neither friends nor position. I did not forbid the match, but I discountenanced it, ex-

postulated with Lucy, and privately expressed myself in severe terms to her lover. If it were not that he believed Lucy would deeply feel his leaving her, he said he would go away, since I questioned his honor and his love. My selfishness was awakened; I urged him to go, implored him, gave him money; and he left Lucy to her brother in the old house that we had known since infancy. When Lucy discovered the cause of her lover's desertion, she upbraided me, calling me cruel and selfish, and a month afterwards she was missing. I have never seen her since."

Here my poor patient fell back upon his pillow. I gave him a stimulant; and by and by, when he looked up with his gray eyes expressing an apology for his weakness, I confess to sensations of sympathy which I had never felt before.

"I thought I was stronger," he said; "pray forgive me. Let me finish my story; it will do me good to tell you my troubles. I would give the world to see her once more, for the sake of my poor dear mother, who loved her so much. I found traces of her. She had had a letter from her lover, bidding her good-bye for ever. It was believed that he had enlisted for a soldier. A detective officer whom I employed fancied he traced them to India. His name was not to be found on the lists of any regiment at home or abroad.

"This is the story of my life; this is the story of my wanderings. I am in search of my sister, in search of them both—Lucy and her husband. I have forgiven them long ago. What right had I to stand between her and the man she loved? Heaven forgive me!"

The season of Christmas came, with its kindly thoughts, its Christian-like feelings, its genial associations. We always decorated the hospital for Christmas-Eve. The patients all seemed to get better in presence of the little excitement of the time. Every ward had its bit of holly and mistletoe. The nurses rivaled each other in the making of festal wreaths. Friends of the patients brought in contributions from the country;

winter evergreens from their little gardens, holly from rural hedge-rows, and luxuries of mince-pie and plum-pudding which it was hard to interdict. There were some poor creatures whom nothing could injure; these had their beef and pudding, their pies and wine. Poor Mr. Newbold, he was among these hopeless cases. But no friend brought gifts to lay beside his bed. He had thanked me, however, for a handful of mistletoe and holly, which I hung up in his ward with my own hands, wishing at the same time all the best wishes of the season.

"I don't make a complaint, my dear friend," he said; "but I have a small request to prefer. I am very troublesome, I am sure, very; and it is hard for my nurse not to have a change to some other ward. Will you find me another nurse—a woman with a softer voice, dear friend —a softer voice?"

He was very ill; he had grown weaker and weaker; his end was drawing near. She was a querulous but most reliable woman, the nurse attached to his ward. She had replaced an attendant who had obtained leave to spend Christmas at home. Poor Newbold was very sensitive, and the loud voice and somewhat demonstrative manner of the new woman jarred upon his nerves. I went to the matron.

"There is a young woman sent here through Florence Nightingale—a most respectable kind-looking person," said the matron. "She has only been here a week; but I don't doubt for a moment she will turn out to be the best nurse in the hospital. Shall I send her to you?"

"Thank you very much; pray do," I said. "Send her up to the ward at once."

The Christmas bells were ringing; you could hear the music wandering up and down the streets, carried hither and thither by the wind. Visitors had all left the wards for the night; the patients lay there listening to the melody of the bells, and thinking of other days; the light of the Christmas candles fell upon the dark leaves of the holly; here and there the white berries of the mistle-

toe reflected back the subdued glimmer. It is a sad picture, a hospital on Christmas-Eve; the shadows of the place seem so insignificant—such tender memories hover about the narrow beds.

The new nurse came into the ward while I sat there. It was a sweet face, as I saw it with the soft light upon it—a kind, sad, pitying face. Newbold looked at her curiously as she entered. Then he raised himself up suddenly, and before I hardly knew what had happened, he was locked in her arms.

"Lucy, Lucy, my dear, dear sister!" he was saying, his voice nearly drowned in the sobs of the woman whose face was lying upon his shoulder.

The bells appeared to receive new strength just at that moment. It was the wind which brought the sound close up to the windows on its way down the river. "Thank God!" I exclaimed and my heart leaped with a strange joy. I felt like a child ready to weep. It was as if I had been reading some pitiful story. I walked out into the corridor, opened a window, and put my head into the frosty air. The stars crowded the sky, and the bell-music seemed to belong to their purity. I was never fit for a hospital-surgeon; my feelings were always too little under control. When I went back into the ward, she was sitting by his side holding his hand. His face was full of peace and happiness. It was as if an angel had been there.

We buried him on New Year's Day.

Her story is soon told. She lost her husband in the Crimea. After that she joined Florence Nightingale's band of nurses, and eventually came back to England. Providence sent her to the Severnshire Hospital on that Christmas-Eve—sent her, that George Newbold's last hours might be solaced with her tender words and happy memories of the Christmas-days that were gone. If it were not next to impious to think that what befell afterwards was anything but accidental, I could fancy that some special consideration for the poor hospital-surgeon also filled up the providential design. The spring came

and the summer, and the stars shown once more above the bell-music that the wind carried down to the river. It we had been young people, and without a chastened sorrow in our hearts, the bells might have rung afresh in the summer that followed; for the house-surgeon married the heroine of this sad story, and she sits by his side with her sweet sympathetic smile, while he tries to tell you, without faltering, the history of those withered leaves.

And now let us put back the Christmas treasure. If you will rummage over the contents of old cabinets, you must come upon skeletons. Close the drawer, shut down the ancient lid, look out through the western window, and yonder you may see the sun making "a golden set" behind the towers of the County Hospital, in Sabrina's classic valley.

PRE-CHRISTIAN DISPENSARIES AND HOSPITALS

PRE-CHRISTIAN DISPENSARIES AND HOSPITALS.

THE impression that hospitals are a Christian innovation is much more widely spread than persons competent to judge of its legitimacy might suppose. Canon Farrar, in a "Life of Christ," which has acquired some popularity, says, "Amidst all the boasted civilization of antiquity there existed no hospitals, no penitentiaries, no asylums." Professor Lightfoot stated, at the opening of a hospital last year, that hospitals were "a creation of Christianity." It may, therefore, be of some interest to trace the history of the rise of hospitals in the nations of antiquity; and to show that they have not been confined to any one age or nation, and that they are the natural outcome of that tender compassion for suffering humanity which is characteristic of all civilizations and of every cultured religion.

The hospital is simply the development of the dispensary, which is a necessary requirement of the medical officer appointed and paid by the state for the relief of the sick poor. Some room is required by the medical officer in which to see his patients and dispense the drugs, and this room naturally developed into the hospital ward, where the patients could be continuously under his eye, and be more carefully attended than in their own homes. It is therefore in the medical officer appointed and paid by the state that we are to find the earliest germ and first idea of the vast network of hospitals which has spread over the civilized countries of the world.

These medical officers were an institution in Egypt from a remote antiquity, for in the eleventh century B. C. there was a College of Physicians in the receipt of public pay, and regulated by law as to the nature and extent of their practice. At Athens, in the fifth century B. C., there were physicians elected and paid by the citizens;

there were also dispensaries in which they received their patients, and we find mention made of one hospital. In the fourth century B. C. an edict was promulgated in India by King Asoka, commanding the establishment of hospitals throughout his dominions; and we have direct proof that these hospitals were flourishing in the fifth and in the seventh centuries A. D. There was probably a leper-house outside the walls of Jerusalem; and medical officers were attached in early times to the Temple, and in later times to the synagogues. Among the Romans under the Empire, physicians were elected in every city in proportion to the number of inhabitants, and they received a salary from the public treasury. And the ancient Mexicans had hospitals in the principal cities "for the cure of the sick, and the permanent refuge of disabled soldiers." Army-surgeons are of very remote antiquity, for we read of them in Homer; and they won the admiration of Plato, because "they were heroes as well as physicians"; but there is no notice of the military hospital before the reign of Hadrian. Hospitals exclusively for the treatment of the insane are of comparatively modern growth, and are first found among the Mohammedans; they afterwards spread among Christian countries, the earliest being found in Spain, the country most influenced by Mohammedan thought.[1]

It was around the temples that the early medical schools centered, for it was natural to regard the "divine art of healing" as a gift of the gods.[2] It is Brahma who writes the Ayur-Veda, the Science of Life; it is Æsculapius who appears in human form at Epidaurus and extends his saving right hand over all the earth to heal the souls that are in error and the bodies that are diseased;[3] and Prometheus in the midst of his sufferings declares that he has gifted mankind with the true science of medicine.[4] The priests were the first physicians; and on the walls of the temples of Egypt and of Greece were suspended the observations and the votive tablets of the cures they effected. These tablets are very curious, because they are a strange medley of

rational medical treatment with the superstition of charms and incantations; and they are most important, because they not infrequently enable us to trace the rise of scepticism in the charm and incantation, and the struggle between the waning power of the priest and the increasing skill of the physician.

The Babylonians and Assyrians alone, among the great nations of antiquity, had no physicians. The sick man was laid on a couch in the public square, and the passers-by were required to ask him the nature of his disease, so that if they or any of their acquaintance had been similarly afflicted, they might advise him as to the remedies he should adopt.[5] This custom commended itself to Herodotus, who thought it almost as wise as their other custom of selling the girls of the village in marriage, so that the "fairer maidens portioned off the plainer." As a consequence, incantations to drive out the evil spirit of disease were in much request, and the nature of their operations may be gathered from the following tablet:—

"God shall stand by his bedside; those seven evil spirits He shall root out and expel from his body; those seven shall never return to the sick man."[6]

[1.] Egypt claimed the invention of medicine.[7] This claim is partially recognized in Homer, when Polydamna gives medicinal herbs to Helen in Egypt, a country producing an infinite number of drugs, and where the physician possesses knowledge above all other men;[8] and is fully endorsed by M. Chabas after a careful comparison of the medical papyrus at Berlin with the best medical works of Greece and Rome.[9]

The extreme antiquity of medical science in Egypt may be inferred from the fact that the medical papyrus at Berlin, fourteenth century B. C., contains a copy of a treatise on inflammation (*ouchet*) which was found "written in ancient writing, rolled up in a coffer under the feet of an Anubis in the town of Sokhem (Letopolis), in the time of his sacred majesty Thot the Righteous. After his death it was handed on to King Snat on account of its im-

portance. It was then restored to its place under the feet of the statue, and sealed up by the sacred scribe and wise chief of the physicians."[10]

Medical science attained so high a degree of perfection in Egypt, that there were specialists in the different branches of the art, and the physician was only allowed to practise in his own branch. There were oculists and dentists, those who treated mental disorders, and those who investigated obscure diseases—*οἱδε τῶν ἀφανεῶν νούσων.*[11] There are medical papyri which treat of these several diseases. In the Hermaic books a whole chapter is devoted to diseases of the eye, and mummies have been found in Thebes with their teeth stopped in gold.[12] Athothos, son and successor to Menes, the first king of Egypt, wrote a book on anatomy.[13] The medical papyrus at Berlin contains a treatise on midwifery, and not less than 170 prescriptions for the cure of diseases, of which the diagnosis is carefully recorded.[14] In these treatises diseases are regarded as enemies, not simply to be cured, but to be attacked, destroyed, driven forth;[15] a vestige, apparently, of the ancient superstition that diseases were devils which possessed the patient.

To guard the people against quacks and the rash experiments of young doctors, the Egyptian physicians were required to follow the rules laid down in the medical treatises preserved in the principle temple of each city; the idea being that the old must be better than the new.[16] Aristotle, however, says that they were allowed to alter the orthodox treatment; yet if they did so, it was at their peril, as their own lives were forfeit for the life of the patient.[17] This rule, when followed, secured the physicians of Egypt from the accusation which Pliny brings against the profession in his day: "It is at the expense of our perils that they learn, and they experimentalize by putting us to death. The physician is the only person allowed to kill with impunity, the blame being thrown on the sick man who is dead and gone."[18]

In Egypt, about the eleventh century B. C., there was

a College of Physicians,[19] who seem to have belonged to the sacerdotal caste, as did also the embalmers who are styled "physicians" in Genesis. They were not confined to one sex; the sculptures confirm Exodus 1, 15,—women practised medicine.

The physicians were the paid officers of the state, and we may therefore conclude that they were required to treat the poor gratuitously;[20] and as they were not likely to attend the sick in their own houses, except in extreme cases, we may further assume that, as in the case of Athens, there were official houses to which the sick poor repaired at fixed times, which correspond to our medical dispensaries. Although paid by the state, they were allowed to receive fees.[21] This care for the sick poor is a trait of character we might naturally expect from a people on whose sarcophagi we meet with inscriptions which tell how the deceased "succored the afflicted, gave bread to the hungry, drink to the thirsty, clothes to the naked, shelter to the outcast; that he opened his doors to the stranger, and was a father to the afflicted."

In the time of Herodotus "every place in Egypt was full of doctors," whence Pliny concluded that no country was so unhealthy; yet Herodotus says that few countries were so salubrious, which he attributes to the uniformity of the climate.[22]

Although the older papyri show that the medical treatment of disease was rational, *post-mortems* even being made to discover the source of disease,[23] yet charms and incantations were by no means excluded; and dreams were granted to devout souls who had consulted physicians in vain, and the votive offerings of arms, ears, eyes, etc., which still adorn the ancient temples,[24] show how readily the superstitious element found its place in Egypt, as it afterwards did in Greece and Rome,[25] and as it does to this day in many European Christian countries.

There is a curious inscription in the temple of the god Chonson at Thebes, which points to a struggle between

reason and faith, between the skill of the physician and the prayer of the priest. Rameses XII. summons before him the "Scribe of the Houses of Life," and orders him to select one who shall be "a man of an intelligent heart and skilful fingers," that he may be sent to cure the young Princess of Bouchten. She is the "little sister" of the royal wife, and bears the Semitic name Bentrash. The physician fails to cure the damsel, for she is possessed with an evil spirit. Then the god Chonson is sent from Thebes to Bouchten in a great barge, escorted by five smaller barges on the river, and by nobles, with the god's chariot and horses, along the banks. When the god arrives, he communicates to the Princess "his virtue of life," and the evil spirit comes forth.[26] We unfortunately, only possess the priests' version of the story; but it points to a rivalry between the rational science of the physicians and the superstitious faith of the priests.

The fame of the medicine of Egypt spread to all lands. Cyrus the Persian hears of it, and sends to King Amasis of Egypt for an oculist.[27] Darius the Great had at his court "certain Egyptian physicians, whom he reckoned the best-skilled physicians in the world."[28] The Hebrew prophet Jeremiah says, "O virgin daughter of Egypt, in vain shalt thou use many medicines; thou shalt not be cured."[29] It lasted until the time of the Antonines, so that Galen, the "wonder-worker," thought it no small gain to have studied in the schools of Alexandria;[30] and it is preserved to our own day, wrapped up like one of its own mummies, in the words *chemistry, alchemy*, which tell us that the cradle of medical science was in the land of the great god Chemmis, who had given to Egypt its ancient name, Chemi.[31]

[2.] A story told by Herodotus of the Egyptian physicians at the court of Darius will serve to carry us from the school of Egypt to the schools of Greece. One day,[32] when mounting his horse, Darius sprained his foot. The Egyptian physicians thought it was a dislocation, and put the king to such pain by the violence of their treatment, that for seven days and nights his sleep went

from him. On the eighth day some of the courtiers told him of a Greek prisoner among the slaves of Oroetes, named Democedes, who came from the famous medical school of Crotona. In such haste was Democedes summoned into the king's presence that he appeared "just as he was, clanking his fetters and wearing his rags." He reversed the treatment of the Egyptians, and cured the King. From that day no one stood so high in the favor of Darius as Democedes. He also cured a sore in the breast of Atossa, daughter of Cyrus and wife to Darius, and she rewarded him by aiding him to make his escape to Greece; whence he returned to Crotona, and married the daughter of his fellow-townsman, Milo the Wrestler, who had carried off the prize six times at the Olympic and seven times at the Pythian games (sixth century B. C.). Crotona was celebrated quite as much for her athletes as for her physicians; indeed, it was a proverb that the last among the wrestlers of Crotona were the first among the other Greeks.[33] This is a point of extreme interest; the same place that produced the best trainer of athletes would naturally produce the best physician,[34] because the healthy condition of the man's body was the aim of both; and as the trainer would soon learn not to trust in charms and incantations as preparations for the games, so would the physician learn to distrust charms, and to strive after a rational system of medicine. The physicians of Crotona would have agreed with Plato that the art of the physician was to cure the sickness and the wounds of men of good constitutions only, and to leave the weak and sickly to their fate; and applaud him when he quoted the tradition that Æsculapius had been struck by lightning because he so far forgot the sacred obligations of his art as to allow himself to be bribed to heal a rich man who was at the point of death. Indeed Plato complained of what he calls "our present system of medicine" as being calculated to "educate diseases," and as opposed to the old practise of the Guild of Æsculapius. He lays the blame at the door of Herodicus, a trainer who had a sickly

constitution: "He, by a happy combination of training and doctoring, found out the way of torturing, first and principally himself, and secondly the rest of the world, by the invention of a lingering death."[35] Plato might laugh at Herodicus, nevertheless he was the master of Hippocrates, the "Father of Medicine"—fifth century B. C.

All medical science before the time of Hippocrates was, says Pliny, "lost in the densest night; he was the first to compile a code of medical precepts,"[36] derived partly from the traditions of the family of the Asclepiadæ to which he belonged,[37] and partly from the study of the votive tablets in the great temple at Cos.[38] Dion Cassius says that Democedes of Crotona and Hippocrates of Cos were the two most distinguished physicians of antiquity.[39] Galen tells as that the Asclepiadæ founded the three great medical schools of Rhodes, Cnidos, and Cos. These were Doric settlements,[40] and we find that their influence survived as late as the fifth century B. C. by the use of the Doric dialect both in medical conversation and prescriptions,[41] and also in the prose oracles given at Delphi, which were so largely consulted by the sick.[42]

At Athens in the time of Plato, we find that some of the physicians were elected by the people and paid from the public treasury. Socrates, for instance, speaks of one "desiring to obtain a medical appointment from the government" *ιατρικὸν ἐγον*[43] and there was a technical term applied especially to physicians who practised with a public salary *δημοσιεύειν*.[44] These state physicians, after they had been elected in the Ecclesia or other assembly,[45] appear to have appointed slave doctors under them to attend on the poor, while they attended on the rich, and either by their own or the eloquence of some friendly rhetorician,[46] persuaded the patient to drink the medicine or to submit to the knife and the hot iron. Indeed this system of persuasion as a part of the medical art became at last ridiculous: "Foolish fellow! you are not healing the sick man, you are educating him;

and he does not want to be made a doctor, but to get well";[47] and in the next generation it was completely exploded; for, as Aristotle says, the duty of a physician is simply to prescribe.[48]

Very different is the off-hand manner in which the slave doctors treated their patients; they waste no words with them, but run about from one patient to another, and dose them as they think proper; or they "wait for them in their dispensaries," *εν τ. ἰατρείοις.*[49] This passage clearly shows that there were at Athens, in the fifth century B. C., dispensaries to which the sick poor repaired to be treated for their diseases; not indeed by the most skillful physicians, but by physicians paid by the state to look after their ailments. These dispensaries varied in number according to the prevalence of disease: "Where diseases increase in a state, then *ἰατρεῖα* are always being opened."[50]

The temples of Æsculapius were, however, the schools in which the students who had taken the noble Hippocratic oath studied, partly from the votive tablets, and partly from the treatment of the patients who resorted thither. That patients did resort to the temples is evident from the amusing scene described by the slave who attended Plautus when he went to the temple to be cured of his blindness. When night came on, all were commanded to keep silence, and not to move should they hear the god passing before the altars. The slave peeps through a hole in his threadbare cloak, and sees the priest "consecrate into a sack" the offerings of cakes and dried figs made by the sick.[51] Afterwards there followed the mixing of the drugs with the pestle and mortar, and the anointing the eyes with the ointment. The patients were of both sexes, for it was an old woman whose savory posset excited the cupidity of the slave Cario.[52]

There is one, though we regret to say only one, hospital (*παιωνιον*) mentioned in Greek literature, and that only by one author, the comic poet Crates, middle of the fifth century B. C. It was situated probably in the Piræus—*ἐπὶ τῆς θαλάσσης.*[53]

The state physician did not receive private fees, but their state emoluments may be guessed by the pay of Democedes before he was carried prisoner to the kingdom of Darius. He fled from his father, who was a celebrated physician of his day at Crotona, and came to Ægina, where his skill caused the state to hire him at £243, 15s. a year; in the next year the Athenians engaged him at £406, 15s.; in the next, Polycrates obtained him for £487, 10s.[54] The first payment made to him by Darius was a pair of golden fetters, to remind him, perhaps, that although he would now be laden with honors and wealth, yet he was to remain a prisoner, exiled from his native land.

[3.] Hitherto we have met only with state physicians and dispensaries, and but one hospital; it is to India we must turn to see a system of hospitals spreading over the country.

When Brahma took compassion on the weakness and suffering of mankind, and wrote for them the commentary on the Vedas, he devoted one treatise to the science of medicine. Hence it was that the ancient Hindus ascribed to the medical art a divine origin, and that the Brahmans were the first physicians. Fragments only of this *Ayur-Veda* remain, but they are sufficient to show an advanced knowledge of the art, in that they treat both of surgery and the practice of medicine.[55]

Soon after the conquests of Alexander the Great, Megasthenes the Greek was sent on an embassage to the court of Sandrocottus, where he resided for some years. Among his notes, preserved by Strabo, we find that "next in honor to the Sramanos were the physicians, for they apply philosophy to the study of the nature of man.* * * They cure diseases by diet rather than by medicinal remedies."[56] The grandsøn of Sandrocottus was the celebrated King Asoka, 325-282 B. C., one of the greatest monarchs who ever graced the throne. He embraced the religion of Buddha, and almost immediately afterwards promulgated a series of edicts, some score of which still exist inscribed on pillars and graven in the living rock.

Among them there occurs the following, as translated by Mr. Prinsep:—"Everywhere within the province of Piyadasi (Asoka), the beloved of heaven, as well as in the parts occupied by the faithful* * *and moreover within the dominion of Antiochus the Greek (the Bactrian kingdom)* * *everywhere the heaven-beloved Piyadasi's double system of medical aid is established—both medical aid for men and medical aid for animals—together with medicaments of all sorts which are suitable* * * and where they are not, they are to be prepared, and to be planted, both root-drugs and herbs."[57] There is also a legend that Asoka, seeing how people often died from diseases and sores which were at first simple and easily cured, established public dispensaries at the four gates of Patna.[58] In the year 400 A. D., seven hundred years after Asoka's edict, the Chinese pilgrim, Fa-Hian, visited India, and casually mentions in his *Travels* that he found hospitals in complete working order at Asoka's own city of Patna. "The nobles and landowners of this country have founded hospitals in the city, to which the poor of all countries, the destitute, the cripples, the diseased, may repair for shelter. They receive every kind of requisite help gratuitously. Physicians inspect their diseases, and according to their cases order them food and drink, decoctions and medicines, everything, in fact, which may contribute to their ease. When cured, they depart at their own convenience."[59]

Two hundred and fifty years later (648 A. D.), another Chinese pilgrim, Hiouen-Thsang, visited India, and mentions hospitals at several places. At the Port of the Ganges "les rois qui aiment a faire le bien, y ont établi une *maison de bienfaisance,* qui est pourvue de mets recherchés et de médicaments de tout genre, pour donner l'aumône aux veufs et aux veuves, et secourir les orphelins." Elsewhere he says: "Les grands personnages des cinq Indes* * * *ont établi des maisons de bienfaisance, ou l'on distribue des boissons, Ais Vivres, et des medicaments pour secourir les pauvres et les malades." "Ily avait jadis dans ce royaume une multitude de maisons de

bienfaisance, on l'on secourait les malheureux."[60] These houses were *hospices* as well as hospitals at the time of Hiouen-Thsang's visit.

At the commencement of the present century there still flourished at Surat a hospital set apart for the treatment of animals. It covered twenty-five acres, and was divided into courts and wards for the accommodation of the dumb patients. When an animal broke a limb, or was otherwise disabled, the owner brought it to the hospital, where it was received without regard to the caste or the nation of its master, and was treated with the greatest care; and if need be, found a peaceful asylum for the infirmities of old age.[61] "If proper inquiry were directed to this building," says Mr. Prinsep, "I dare say it would be discovered to be a living example—the only one that has braved twenty centuries—of the humane acts of Asoka, recorded at no great distance on a rock in Guzerat."

Further investigation will doubtless bring to light many other instances of this wise and compassionate edict of Asoka having been put in force over the whole country; for, quite recently, Major Kittoe (1852) found in the course of his excavations at Sarnath, "a large quadrangle or hospital, with pestles and mortars, etc."[62]

The great interest of these hospitals lies not only in the large-hearted toleration which opened them "to the poor of all countries," and in the liberality which supplied "help to all gratuitously," first fruits of that noble-minded charity which knows no distinction of race or creed in the presence of suffering humanity, and which found so tender an illustration in Christ's story of the Good Samaritan, but also in the fact that these hospitals are an evolution such as we might naturally expect from the teaching of the religion of Buddha, which Asoka had adopted. The central point round which all the ethics of Buddhism revolve—the doctrine which imparts to it so great a vitality and strength—is the law of self-sacrifice carried to the point of complete devotion, so that a man should lay down his life for his fellow-men, and in certain extreme cases for the lower animals. Moreover, the problem

of existence which Buddha endeavored to solve is the way by which mankind may be saved from disease, decay, and death. The life of the founder was in itself the highest ideal of his religion, for Buddha was manifested in the form of man because his exceeding love moved him with compassion for the sons of men;[63] and he left the home of his reputed father to live among the poor and wretched, in order that he might bring back those who have wandered from the right way, that he might enlighten those who are living in darkness and gloomy error, and that he might remove from the world all sources of pain and suffering and sorrow.[64]

[4.] On passing from the East to the extreme West, we find that the ancient Mexicans had hospitals in the principal cities, "for the cure of the sick, and for the permanent refuge of disabled soldiers." Surgeons were placed over them, who were "so far better than those in Europe," says the old chronicler Torquemada, "that they did not protract the cure in order to increase the pay."[65]

This care for the sick and disabled might naturally be expected from a people who were accustomed to hear the form of absolution which followed on the confession of their sins close with the words: "Clothe the naked, feed the hungry, whatever privations it may cost thee;"[66] and who worshiped God as "The merciful and long-suffering, the enjoiner of charity."[67]

[5.] The history of medicine may be traced with tolerable clearness in the Hebrew nation.

So long as diseases were regarded as put upon and taken off men by Jehovah—as, for instance, in the passage, "I will put none of these diseases upon thee, that I put upon the Egyptians, for I am Jehovah that healeth thee,"[68]—the priests, as His representatives were the physicians to afflict and to cure. The fame of King Solomon as a physician still holds its place in the traditions of the East and the Talmud assigns to him a "volume of cures." After his time, when the priestly power declined before the majesty of the prophetic, the influence which

medical skill gives among a rude people was eagerly grasped by the prophets, and medicine was taught in their "schools." Their sacred scriptures record that the prophets struck men with two of the most terrible diseases of the nation, leprosy and blindness, and that they cured the sick, and even raised the dead to life. At a prophet's word a king's hand is withered as he stands before the altar surrounded by his court; at the same word the hand is restored to its former strength. The decline of the healing power among the priests is probably marked by the chronicler's lament that King Asa, in his disease, "sought not to Jehovah, but to the physicians."

On the return of the exiles from Babylon, the medical art passed into the hands of the new power in the state—the scribes. They raised the dignity of the physician to a high pinnacle, and the knowledge of medicine became an essential qualification for membership in the Great Sanhedrim: "Honor a physician with the honor due unto him for the use ye may have of him; for the Lord hath created him* * * *He shall receive honor of the King."[69] The art reached its fullest developments among the Essenes, a Jewish sect who lived an ascetic life, ruled by love to God and man. They studied the sacred books for the service of God, and medicine for the service of man.

The surgeon and the physician are treated as distinct functionaries of the Mishna.[70] We read of surgery in the Book of the Prophet Ezekiel, and curiously enough in connection with Egypt: "I have broken the arm of Pharaoh, King of Egypt; it shall not be bound up to be healed, to put a roller to bind it."[71] Rollers to bind are used to this day. The apothecary's trade is frequently mentioned; for instance, "The Lord hath created medicines out of the earth* * * *with such doth He heal men and taketh away their pains; of such doth the apothecary make a confection."[72] Josephus mentions female physicians.[73]

Physicians had from early times been a necessity to the nation. Manetho's account of the Hebrew slaves in

medical skill [illegible] people was eagerly grasped by the priesthood, and medicine was taught in their "schools." Their sacred scriptures record that the prophets [illegible] with two of the most terrible diseases to which human nature, leprosy and blindness, and with [illegible] they raised the dead to life. [illegible] a prophet's word a king's hand is withered as he stands before the altar surrounded by his court; at the same word the hand is restored to its former strength. [illegible] power among the priests is probably marked by the chronicler's lament that King Asa, in his disease, 'sought not to Jehovah, but to the physicians.'

On the return of the exiles from Babylon, the medical art passed into the hands of the new power in the state—the scribes. They raised the dignity of the physician to a high pinnacle, and the knowledge of medicine became an essential qualification for membership in the Great Sanhedrim: "Honor a physician with the honor due unto him for the use ye may have of him; for the Lord hath created him" [illegible] "He shall receive honor of the King."[69] The art reached its fullest development among the Essenes, a Jewish sect who lived an ascetic life, ruled by love to God and man. They studied the sacred books for the service of God, and medicine for the service of man.

PINEL AT SALPETRIERE

The surgeon and the physician are ranked as inferior functionaries of the Mishna.[70] [illegible] in the Book of the Kingdom [illegible] particularly enough in connection with [illegible] the arm of Pharaoh, King of Egypt, [illegible] to be healed, to put a roller to [illegible] to bind are used to [illegible] The apothecary's trade is frequently mentioned: for instance, "The Lord hath created medicines out of the earth" [illegible] "with such doth He heal men and taketh away their pains; of such doth the apothecary make a confection."[71] Josephus mentions female physicians.[72]

Physicians had from early times been a necessity to the nation. Manetho's account of the Hebrew slaves in



Egypt is, that they were driven away by the king because they defiled the land with their leprosy. This disease became so identified with the nation, not only in their neighbors' eyes but in their own, that to the question asked in the Talmud, "What is the name of the Messias?" the answer is, "The Leper."[74] This singular identification of the Messiah with the characteristic disease of the people obtained a place among the Christian legends of the Middle Ages. When for instance, St. Francis d' Assissi dismounts from his horse to succor a leper, he finds in the leper the Christ.[75] This strange idea was probably founded on the Vulgate rendering of Isaiah IV., 4, "Nos putavimus eum quasi leprosum." The ceremonial observances which required the lepers to "show themselves to the priest," assumes a knowledge of medicine in some officials connected with the priestly order. Accordingly we find that physicians were in later times attracted not only to the temple but also to the synagogues. They were elected, as were the Greek state physicians, by the voice of the people, to whom they were responsible.[76] The physicians in all times, whether priests, prophets, or scribes, received fees[77] —in early times, "bread and cakes and honey" from the poor, camel-loads of stuffs, with gold and silver, from the rich; in later times, "such things as were commanded."

The contagious nature of leprosy required that the wretched patients should dwell apart from the abodes of men; so we read of them herded together in miserable groups, prowling about the outer gates of cities, or wandering over the country, always raising their weird cry, "Unclean, unclean!" and standing afar off when they saw their fellow-men approaching. It is possible that houses may have been erected for their accommodation outside the city walls of some of the larger towns. Of one such house we read, but as in the case of ancient Greece, of one only, the "several house" into which King Uzziah retired when the "leprosy mounted into his forehead," and the priests with indecent haste

thrust out from the sacred precincts of the temple the sorrow-stricken leper, who himself "hasted to go out." Ewald, Gesenius, and other great scholars, see in this "several house," or "house of separation," or "free house," a hospital corresponding to the leper hospitals of later times. It may have been in this house of separation that some leper wrote the touching "Prayer of Grevious Complaint," in which he cries aloud to Jehovah; "I am counted with them that go down into the pit, free among the dead. Lover and friend hast Thou put from me, Thou hast made me an abomination unto them. I am shut up, I cannot come forth."[78]

Care for the sick, a characteristic of the Jews to this day, is what we might look for in the nation whose sacred writings inculcate as the highest religion love to God and love to man; and whose greatest rabbis taught, "Be not slow to visit the sick, for that shall make thee to be beloved,"[79] and raised the kindly act towards the sick man to the dignity of a deed done to God, for "the glory of God hovers over the couch of the sick."[80]

[6.] The elder Pliny tells us that for 600 years the Romans had shown a repugnance to the art of medicine, and he boasts that medicine is the only one of the arts of Greece which the Romans refuse to cultivate. It was on this account, he says, that the temple of Æsculapius was built, in the first instance, outside the city walls, and was afterwards removed to an island in the Tiber. Plutarch revenges himself by saying that the temple was built in imitation of the famous temple at Epidaurus, which was situated at a distance of five miles from the city for the sake of the fresh air and change of scene.

Pliny is probably correct in stating that in the earlier days of the Republic physicians were unknown, and that for some time afterwards they were confined to foreigners, chiefly Greeks[81] and Egyptians, and to slaves. The first physician who came from Greece to Rome, in 219 B. C., had a surgery (taberna) provided for him at the public cost, at the Acilian crossway; the Romans called him *Vulnerarius*, the wound-curer; but he hacked

and cauterized his patients so mercilessly, that his name was changed to *Carnifex*, the executioner.[82] Cato hated the Greek physicians because they spoke of the Romans as "barbarians" and "clodhoppers"; and he became possessed with the idea that they meant to poison the Romans wholesale with their drugs. The use of Latin by physicians in our day in their prescriptions may be a survival of the idea, which is by no mean confined to Pliny's time, that "people lose confidence in that which is intelligible to them"; for, as he says, even the few Romans who studied medicine thought it necessary to write their prescriptions in Greek, for "if they should attempt to treat of the disease in any other language, they will certainly lose all credit, even with the ignorant who do not know a word of Greek." Slaves skilled in medicine were attached to all the great houses, and Justinian allows the maximum price of sixty gold pieces to be paid for both male and female.[83]

Pliny accuses the physicians of extreme avarice. Indeed, their gains were so large that skilled artisans—bootmakers, carpenters, tanners, and even gravediggers—became doctors, and unsuccessful doctors sank back into the humbler trades.

"Nuper erat medicus, nunc est vespillo Diaulus,
Quod vespillo facit, fecerat et medicus."[84]

Their charlatanism, bad manners, and ignorance were so great that Galen says the greater part of them could read only with difficulty, and he counsels his colleagues to be on their guard lest they should make grammatical blunders when conversing with their patients; and he moreover complains that at the bedside of the patient the rival doctors so far forget themselves that they abuse each other, put out their tongues, and even come to blows.[85] Pliny laments that there is no law to punish their ignorance, and he chuckles over the well-known epitaph, "Turbâ medicorum perii." Under those circumstances, one is not surprised to find *ex votos* of arms and legs, ears and eyes, and tablets commemorative of successful dreams, adorning the temples both at Rome and

in the provinces. One tablet reminds us of the story of the cure of the young Egyptian princess by the god after the failure of the physicians; it is the tablet of a blind slave at Rome to Minerva Medica, the "good goddess," for the restoration of sight; "after he had been given up by the physicians, he was cured by the grace of our lady and the use of her medicines."[86] It was this superstitious element which caused the miraculous cures of the Emperor Vespasian at Alexandria to be attested by many among the great multitude who beheld them, even after the Flavian line had become extinct, and nothing was to be gained by falsehood.[87]

Physicians and surgeons followed each their own functions, and we read of specialists, oculists, dentists, aurists (*auricularii*), etc.; there were court physicians, among whom we read of one who was above the others (*supra medicos*); and women (*medicæ*) were employed for diseases of women and children.

In the time of the Antonines we read of a "chief of the physicians," ἀρχίατρος.[88] *Archiatri populares* were provided for every city according to its size; they formed a College of Physicians, and seem to have held a sort of examination of persons qualified to practise. They were elected by a vote of the citizens, and received a salary from the public treasury. They were required to treat all the sick who came to them free of charge, but they were appointed primarily for the sake of the poor.[89]

It is, however, at Epidaurus that we find a house which was one of the noblest expressions of the tender feeling and gentle sympathy with suffering humanity which in the second and third centuries of our era were becoming such marked characteristics of the cultivated Roman gentleman. Many cultured Romans took the same tour as that described by Livy; Æmilius Paulus went to Athens, "filled with the decayed relics of ancient grandeur"; thence to Corinth, with its beautiful views and busy modern life; and thence to Epidaurus, famous for its temple of Æsculapius, "then rich in offerings,

which the wealthy had dedicated to the Deity in acknowledgment of the remedies which had restored them to health, but now," he adds sorrowfully, "filled only with their traces, showing whence they have been torn away."[90] As the tourist of the time of the Antonines approached the walls which surrounded the temple, the sacred grove, and the massive buildings (whose ruined mounds to this day attest their former magnificence,)[91] he would see a house built before the entrance to the gate to shelter the aged, and the delicate women, who were forbidden to tarry within, lest the sacred precincts should be defiled by those who were entering and by those who were leaving life. That house had been erected by Emperor Antoninus, who won from the Roman Senate and the people that most touching of all the titles of antiquity, The Pius.[92]

[7.] We read of military surgeons as early as the time of Homer. "In those days," says Plato, "the sons of Asclepios were heroes as well as physicians; for when the arrow of Pandarus wounded Menelaus, they sucked the blood out of his wound, and sprinkled soothing remedies (il. iv. 218): these remedies they thought to be enough to heal any man whose constitution was healthy and sound."[93] The state physicians of Egypt were forbidden to take fees when attached to the army in the time of war.[94] Cyrus employed surgeons to march with his army; so did the Spartans. Among the Romans, soldiers dressed each other's wounds until the time of Augustus, when we first hear of military surgeons. The Grecian army wives and mothers "did not fear to search for and count the gashes" of the wounded heroes whom they had accompanied to the battle.[95]

It is not, however, until the reign of Hadrian that we find the military hospital, which is called *valetudinarium*. It was under the control of the prefect of the camp, whose duty it was to see that the surgeons visited their patients.[96] These *valetudinaria* were always attached to the winter quarters, and those generals who visited the sick and wounded are applauded.[97]

We have already seen that the ancient Mexicans had hospitals for the care of the sick, and as a refuge for disabled soldiers, institutions which may have foreshadowed our Chelsea Hospital and Les Invalides at Paris.

The most remarkable instance of a military hospital was one in Ireland. The palace of Emania was founded about 300 B. C. by the Princess Macha of the Golden Hair, and continued to be the chief royal residence of Ulster until 332 A. D., when it was destroyed. To this palace were attached two houses,—one the house in which the Red Branch Knights hung up their arms and trophies; the other, in which the sick were cared for and the wounded healed; this latter was called by the expressive name, *Broin Bearg*. The House of Sorrow.[98] The institution of The House of Sorrow spread through Ireland under the influence of Christianity, and the ancient laws sanction the right of distress to provide for the sick "a physician, food, proper bed-furniture, and a proper house."[99]

[8.] Such was the progress made by some of the great nations in the noble effort to ameliorate the condition of the sick and suffering, when, towards the close of the fourth century after Christ, Christianity inspired the world with the enthusiasm of humanity. A noble Roman lady, Fabiola, devoted her princely patrimony to build, in a salubrious quarter near the city, a house for the reception of the sick and the infirm who were found homeless and without shelter in the streets. This, says St. Jerome, was the first *νοσοκομεῖον*.[100] The fame of this institution spread throughout the Roman Empire, "from the Egyptians and the Parthians to the Isle of Britain." The work was carried on by St. Basil, who built outside the walls of Cæsarea in Cappadocia, probably on the site of an earlier hospital,[101] the massive pile of buildings which, says St. Gregory Nazianzen, "rose to view like a second city, the abode of charity, the treasury into which the rich poured of their wealth and the poor of their poverty. Here disease is investi-

gated (φιλοσοφεῖται) and sympathy proved." No building of antiquity seemed to him to equal this hospital, not even "Thebes with its hundred gates, nor the walls of Babylon, not the pyramids of Egypt, nor the Colossus of Rhodes, nor the tomb of Mausoleus." "My brother's hospital," he says, "is a tabernacle of witness to the world, like unto that of Moses."[102]

St. John Chrysostom found at least one hospital already existing when he went to Constantinople, and he built many more on the plan of the *Basileas*. We may form some idea of the number of hospitals at Alexandria from a law of Honorius which mentions no less than six hundred nurses, *parabolani*,[103] who were placed at the disposal of the bishop for the nursing of the sick—"ad curanda debilium ægra corpora."

Noble ladies like Fabiola gave themselves up to the work of nursing the sick. The Empress Placilla visited the sick in their own homes and in the public hospitals, she stood at the bedside, she tasted the broth, handed the food, washed the cups, and performed other offices with her own hands, such as the meanest servants ordinarily did.[104] The aged Bishop of Carthage, Deogratias, having sold the church-plate to ransom the captive Christians, lodged them in two large churches, and every hour by night and day he visited them, with the physicians, and went from bed to bed to know of what each stood most in need.[105] In the great plague at Alexandria (A. D. 260-268) many of the brethren nursed the sick in the height of the disease; they saved many by their care, who rose from their beds to life, while they themselves fell struck by the plague unto death; "They saved others, themselves they could not save."[106] This work of the Christians excited the emulation of the Emperor Julian: "These impious Galileans give themselves to this kind of humanity," and although he thought their motive base,[107] yet he orders Arsacius to "establish abundance of hospitals in every city, that our kindness may be enjoyed by strangers, not only of our own people but of those who are in need."[108]

To the great hospital at Cæsarea there was attached a "house of separation" for the lepers, of whose wretched condition St. Gregory of Nyssa gives such an appalling account. They wandered in troops over Cappadocia in search of food, and exposed to the inclemency of the seasons. They resembled corpses before death. Clothed in rags, supported by a staff fastened with a string, not to the hands, which had been eaten away by disease, but to the stumps of the arms which were left, driven from the towns and the assemblies of men, tracked as hunters track wild beasts, they did not dare even to approach the wells and fountains on the roadside to quench their burning thirst. "Basil it was who persuaded men not to scorn them, not to dishonor Christ the Head of all by their inhumanity towards human beings."[109]

Most if not all of these early Christian institutions were *hospices* as well as hospitals—the home of the stranger no less than the home of the sick. It is interesting to note the difficulty of finding a word to express these new buildings. St. Jerome uses a Greek word, νοσοκομείον for the house built by the gentle lady who herself cared for the sick whom she received. St. Basil evidently felt a difficulty in finding a name for his institution. In one letter he speaks of it as the support of the poor, πτωχοτρυφεῖον,[110] in another as a place of lodging, καταγωγιον[111] open to strangers passing through the country, and to those who need (θεραπείας) peculiar treatment by reason of the state of their health; while Sozomen falls back upon its popular name, Basileas, "that most famous lodging for the poor founded by Basil, from whom it received the appellation which it still retains."[112] It was reserved for later times to take one of the most sacred of ancient names, "hospitality," and inspiring it with the spirit of Christianity to enshrine it for future ages in the home which is open to all who are suffering from sickness and from pain: "Go out into the streets and lanes of the city, and bring in hither the poor, and the maimed, and the halt, and the blind,* * * *that my house may be filled."

Thus we see that the glory of Christianity does not lie in having originated the idea of hospitals, but in having seized it, like the runners the torch in the ancient games, and carried it forward with brighter flame and more intense enthusiasm. The fame of Fabiola and St. Basil has been immortalized by St. Jerome and the Gregorys; the edict of Asoka is graven with a pen of iron in the rock, a living witness to the noble thoughts of his kingly mind; the House of Sorrow, which was built within the ancient *rath* that exists to this day, speaks of the tenderness of the Princess Macha; but no trace remains of the names and titles of the men and women who built the solitary hospital on the sea-shore in the Piræus, who founded the house-of-separation for the lepers in Judæa, and the home of the disabled soldiers in Mexico; or of those, even more illustrious, who in ancient Egypt conceived the idea of the physicians paid by the state to tend the poor—an idea which contains the germ that has borne fruit in the vast network of hospitals which are rapidly spreading over the continents of Europe and America. Their names may be forgotten, but their deeds are immortal; they have joined

"That choir invisible,
Whose music is the gladness of the world."

A Jewish legend, preserved in the Haggadah, tells us that Abraham wore upon his breast a jewel "whose light raised those who were bowed down and healed the sick"; and that when he died, it was placed in heaven where it shone among the stars. Countless as the stars of heaven and as the sand on the sea-shore are the men and women of all countries and of all creeds who have worn next their hearts the patriarch's jewel of light.

EXPLANATORY NOTES

(1.) Demaisons, Des Asiles d'Aliénés en Espagne, Paris, 1859. W. E. H. Lecky, Hist. of European Morals, ii. 85 sq.
(2.) Cicero, Tusc. Dis., iii. 1. Pliny, Nat. Hist., xxix. 1.
(3.) Emp. Julian contr. Christ.
(4.) Æsch, Prometheus, 467 sq.
(5.) Herod, i. 197, iii. 129. Strabo, xvi. c. 1.
(6.) H. F. Talbot, Assyrian Talismans and Exorcisms. Cf. St. Matthew. xii. 45.

(7.) Pliny, Nat. Hist., vii. 56.
(8.) Od., iv. 229.
(9.) Mélanges Egypt. La Médicine des Anciens Egyptiens.
(10.) Ibid.
(11.) Herod., ii. 84. See Sir G. Wilkinson's valuable note, also Ancient Egyptians, iii. 388-397.
(12.) A skeleton was found at Quito with false teeth secured with gold-wire.—Bollaert, Antiquities of N. Granada, p. 83.
(13.) Manetho, quoted in Brugsch, Histoire d'Egypte.
(14.) Translated by Brugsch, Notice raisonné d'un Traité médical datant du xivme Siécle avant notre ére; and Chabas, Mélanges Egypt., i.
(15.) Chabas, i. 79.
(16.) Diod. Sic., i. 82.
(17.) Pol. iii. 11.
(18.) Nat. Hist., xxix. 1.
(19.) Brugsch, Hist. d'Egypte, c. ix.
(20.) Sir. G. Wilkinson in Herod., *loc. cit.*
(21.) Diod., i. 82.
(22.) Herod., ii. 84.
(23.) Pliny, xix. 5.
(24.) Wilkinson gives some of these *ex votos* in vol. iii. p. 395.
(25.) Friedländer, iv. 239.
(26.) Brugsch, Hist. d'Egypte, c. ix., Berlin, 1859.
(27.) Herod., iii. 1.
(28.) Herod., iii. 131, 132.
(29.) Jer. xlvi. 11.
(30.) Friedländer, lib. ii. c. 4.
(31.) Chabas, Papyrus Hierogl., p. 55. For some time in England there were two ill-omened days in each month called "Egyptian days," supposed to be prescribed by the Egyptians as unwholesome for bleeding. (Dean Stanley's Westminster Abbey, p. 53. n.)
(32.) Herod., iii. 131.
(33.) Strabo, vi. 1, 13.
(34.) Aristotle, in Grote's History of Greece, iii. 342-344, ed. 1862. Ouvres d'Hippocrate, Introd. pp. 22, 23, Littré.
(35.) Rep., iii. 406, ed. Jowett. Cf. the Jewish saying, "Death is better than a continual sickness."—Ecclus, xxx. 17.
(36.) Nat. Hist., xxix. 2, xxvi. 6.
(37.) Littré, Ouvres d'Hippocrate, introd.
(38.) Strabo, xiv. ii. 19. Cf. viii. vi. 15.
(39.) Dion Cassius, xxxviii. 18.
(40.) C. Müller, The Dorians, i. 114. The Rhodians spoke Doric in the time of Tiberius.—Sueton., Tib., 56.
(41.) "Medicos dorice loquentes."—Meineke, Frag. Com. Græc., ii. 249.
(42.) C. Müller, on the Doric Dialect, ii. 439.
(43.) Xen., Mem., iv. ii. 5.
(44.) Liddell and Scott, Lex.
(45.) Gorg., 456.
(46.) Ibid.
(47.) Laws., 857.
(48.) Pol., iv. 2.
(49.) Laws., 720.
(50.) Rep., 405.
(51.) Cf. Hist. of Bel and the Dragon, c. i.
(52.) Aristophanes, Plautus.

(53.) Meineke. Comic. Græc. Frag. Θηρ. ii. "Hujus noscomei publica fortasse auctoritate constituti, nullus præterea scriptor memoriam servavit" (vol. ii. p. 239).
(54.) Boeckh, Public Economy of Athens, i. 160, London, 1828.
(55.) T. A. Wise, Review of the History of Medicine, vol. i., London, 1867.
(56.) India, xv. i. 36.
(57.) Edict. II.
(58.) Spiers, Ancient India, p. 319.
(59.) Fa-Hian's Travels from China to India, Beal's transl., p. 107.
(60.) Mémoires sur les Contrées Occidentales, par Hiouen-Thsang, en A. D. 648, translated by Stanislas Julien, ii. 190, 231; iii. 174, 215. Paris, 1857.
(61.) Hamilton's East India Gazetteer. Surat is a very ancient town, for it is mentioned in the Ramayana. Scavoneur, Voyages, ii. 489.
(62.) Cunningham's Archl. Survey of India, i. 125.
(63.) Catena of Buddhist Scriptures, by Rev. S. Beal, p. 15.
(64.) Romantic History of Buddha, Beal, p. 143.
(65.) Prescott, History of Conquest of Mexico, i. 40.
(66.) Ibid.
(67.) Kingsborough, Antiquities of Mexico, ix. 179.
(68.) Exod. xv. 26. Carmoly translates, "L'Eternal est *le médecin* du peuple."—Histoire des Médecins Juifs, Bruxelles, 1844.
(69.) Ecclus. xxxviii. 1.
(70.) R. J. Wunderbar, Biblisch-Talmudische Medicin, Leipzig, 1865.
(71.) Exod. xxx. 21. Nothing can exceed the skill with which the limbs of the Egyptian mummies are bound.
(72.) Ecclus. xxxviii, 4, 7, 8.
(73.) Vita, 37, ἡ ἰατρίνη, , ed. Haverc.
(74.) Pearson, Creed, iv. 226 n.
(75.) Stephen's Eccl. Biog., p. 64.
(76.) Rev. A. L. Green's letter to "Jewish World," October, 1875.
(77.) In Exod. xxi. 9, the lxx. reads ἰατρεῖα. May not this word which, as we have already seen, occurs in Plato, have reference to dispensaries, similar to those with which the Seventy were familiar in Alexandria?
(78.) Ps. lxxxviii.
(79.) Ecclus. vii. 35.
(80.) Talmud.
(81.) Nat. Hist., xxix. The oculists, whose names we find on their seals, were most of them of Greek origin.—Teuffel, Hist. Rom. Lit., i. 45.
(82.) Nat. Hist., xxix. 6.
(83.) Code, vii. 7, 1, 5.
(84.) Martial.
(85.) Com. in Hipp. iv. 9, quoted by Friedländer.
(86.) Friedländer, iv. 235-241.
(87.) Tacitus, Hist., iv. 81.
(88.) A title which St. Jerome applies to Christ, Hom. in St. Luc., xiii.
(89.) Dumas, Des Secours Publics en usage chez les Anciens, p. 136, Paris, 1813.
(90.) Lib. lxv. 27, 28.

(91.) The sacred character is preserved in its name of *Hieron*, the sanctuary; and the village is called *Koroni*, evidently from Koronis, the mother of Asclepius.
(92.) Pausanias, ii. 27. Champagny, Les Antonins, tom. ii. p. 183.
(93.) Rep., iii. 406.
(94.) Diod., i. 82. In the smaller temple at Aboo Simbel, in Nubia, a surgeon is seen dressing a wound in the foot of a soldier.—Edwards, A Thousand Miles up the Nile, p. 438.
(95.) Tacitus, Germ., 7.
(96.) Fl. Vegetius, de re Milit., ii. 10.
(97.) Dumas, Des Secours Publics, iv. 1.
(98.) Sir. W. Wilde, Note on Census for Ireland, Part iii., Parl. Papers, 1854, vol. lviii.
(99.) Sanchus Mor, p. 123, Dublin, Thom, 1865.
(100.) Ep. 77, c. 6 ("prima omnium instituit").
(101.) See Ep. 94, ad Heliam.
(102.) Orat. 20, ed. Colon.
(103.) Cod. Just., i, 3, 18. Strictly speaking, nurses in infectious diseases, for they cast themselves into hazard of their lives with a recklessness which is divine.
(104.) Theod., Hist. Eccl. v. 18.
(105.) Victor. Utic., De Pers. Vand.
(106.) Euseb., Hist. Eccl., vii. 22. Cave, Primitive Christianity, III. ii. 390.
(107.) Frag. 305, Rheinwald, Kirchliche Archäologie.
(108.) Epist., 49.
(109.) A. Tollemer, Des Origines de la Charité Catholique, Paris, 1863. Martin-Doisy, Historie de la Charité, Paris, 1848.
(110.) Ep. 176.
(111.) Ep. 94.
(112.) Hist. Eccl., vi. 34.

NURSE AND DOCTOR

Anna H. Drury

NURSE AND DOCTOR.

I.

THE great surgeon's holiday was nearly over. A little more than three weeks had been spent in Scotland, and at the urgent entreaty of his oldest friend, Colonel Tyrwhitt, he stopped on his way home to spend three days with him in Midlandshire.

Three days, and no more. Those who knew Everard Luttrell understood what that meant. He was as decided in his holiday movements as in the treatment of his patients, sometimes to their extreme dissatisfaction. For one thing, nobody could be certain when Everard Luttrell would take his holiday. It was no use calculating on its being the height of the season, when the great men are so overwhelmed with work that they have hardly time to live. Sometimes he went away in May, sometimes in June, sometimes when people were just settling down in town again for the winter. And it was no use pleading urgency, or hinting at unlimited remuneration. If the patient's need did not move him, no cheque would be able to prevail. As he once observed, "They would manage without me if I were dead and buried, and they must manage while I am away. My own case is the one I have to think of now."

Only a very few intimate friends—one, his trusted medical adviser—knew what there was in his own case to require exceptional care. An active, wiry man of fifty-three, he rarely had a day's illness; but he was liable to fits of dangerous depression, whose premonitory symptoms, he had learned to know too well, and which, with all his watchfulness, would sometimes take him by surprise. When ordinary measures would not suffice, he applied the one sure remedy, and gave himself leave of

absence for a month. Sport of every kind was his delight, and the more out-of-door exercise he could obtain, the quicker, as a rule, came the convalescence. The amount of suffering he bore during the attack, while apparently absorbed in amusement, was known only to himself.

His Highland visit to a grateful patient's moor had been a success; and he had not been idle during the two days just passed at his friend Colonel Tyrwhitt's place, the Combe.

The September weather was perfect, and the visitor's eye and hand had been in excellent form. To his friend's wife and daughters—the eldest of the three girls was his godchild—he had been most agreeable, entering with interest into their pursuits, and charming them by his conversation; and all were of the same mind in wishing he would prolong his stay. But the Colonel forbade remonstrance. If Luttrell said he must go, go he would; and worrying him about it might prevent his ever coming again.

He had done his best, both for his visitor and his neighbors, giving up the third day to a "big shoot" on the estate of a brother squire, who was anxious to do honor to the occasion, and gathered a party on purpose. The sport had been good during the morning, and the distinguished guest sustained his reputation, not only with the birds before luncheon, but at the luncheon itself, which the ladies from Knighton Hall came to join. Never had the Colonel, who watched him anxiously, heard him converse more brilliantly, or tell better anecdotes, keeping every one round him amused; the one thing wanting was the appetite due after his morning's work. Not a bite did he put into his own mouth, while assiduously supplying others. Something was wrong, the Colonel feared; a fit of depression was coming on; and his fears were too well grounded.

Mr. Knighton's plan was that after luncheon the sportsmen should proceed to a distant part of his property, where still better shooting was always to be had; and the

arrangements were being made when Everard drew his friend aside.

"I have had enough of this, Tyrwhitt. Make my excuses to Mr. Knighton. I am going for a tramp by myself."

"Just as you like, old fellow," said the Colonel, more cheerfully than he felt; "I'll settle all that. But, I say, look here—if you feel overdone, why not slip home and let my wife make you comfortable? She knows what a fellow wants when he is beat—no one better—"

"I am sure of it; but what I want she cannot give me. When I am fit to talk to her, I'll find my way to your house. Yes, thanks, I know my bearings, and shall keep out of the way. You can tell me all about it at dinner."

He was gone without another word, and Colonel Tyrwhitt was staring after him with so perplexed a look in his face that one of the young Knightons came up to ask if anything was the matter.

"To tell the truth, Ronald, I am not happy in my mind about my friend Luttrell. He is not well, and I fancy he has done too much this morning; but those medical bigwigs are so despotic, I could do nothing with him. He is bent on walking off his indisposition, whatever it is; but I hate his being alone somehow."

"All right, Colonel; I'll shadow him—stalk him as he did the stag he told us of. He shall not see me unless I have to be useful, and then I shall only be rabbiting, you know. I'll take my gun as a proof."

"Well, if you can, without his finding it out, I shall be much obliged to you, my boy; but you will be losing all the afternoon. And the ladies—I understood some of them meant to walk with us and see the fun—what will they say to your not being in attendance?"

"Never mind about what they say. The only one I should care to attend upon is not here, and you know that as well as I do."

"I know nothing of the sort, you impudent young dog! We hear all sorts of stories about you at the Combe, and the sooner they are contradicted, the better for your

credit. If you succeed in stalking Luttrell—and, mind you, he'll never forgive you if he finds you out, or me either—you may as well come and meet him at dinner. He goes to-morrow."

"I shall be delighted," said the young man heartily, and the glow on his cheeks testified to his truth. If the valued guest had suddenly felt better, and come back to rejoin the party, it is to be feared the young gentleman would have felt rather disappointed.

There was little difficulty in the pursuit at first. Everard Luttrell had struck across the open, evidently making for a wooded hill beyond; and as it never occurred to him that he might be followed, he never looked back. The pace, Ronald thought, was surprising for a Londoner out of condition; he had to do all he knew to keep him in sight; but when the wood had been gained by the pursued, the pursuer changed his tactics.

"He seems to know the country—means, perhaps, to rest a bit in the wood. It won't do to run up against him there. I must keep outside, and view him when he breaks cover. He means to take the round by the lane to the village; I suppose. A tidy spin for a doctor out of sorts. I wonder if he gives this prescription, as a rule, to seedy patients? It would be a splendid cure for the gout!"

It was well for all concerned that he refrained from investigating the wood. Everard had entered it for the sake of solitude and silence; and had he caught sight of any one just then, he would have hurried on in his feverish impatience till he actually dropped from exhaustion. He made his way along a track that led to a clearing in the heart of the wood, and there sat down on a log, with his head on his hands, and allowed the wave of his soul's anguish to roll over him unresisted.

The first phase was the easiest to bear; it was a rush of tender memories that brought with it the relief of tears. No one was near to see them or to witness the deep sobs that heaved his breast, and he gave way the rather that he knew the softening would not last. The

torment of these dark hours was in the thoughts he abhorred, but could not put aside. He knew they were coming—felt their hot breath, so to speak, on his spirit, and braced himself, as he had often before, to wrestle until they were overcome—as a man must who realizes the danger of defeat. And wrestle he did in the quiet shade of the trees, till he was shaken and trembling all over—wiping the dew from his forehead, and glad that his flask had not been left behind with his gun.

It was over, he knew, for the time, and when he had sufficiently recovered he proceeded on his walk, as young Knighton had conjectured. He was one who never forgot his way, and though he had not been in that part lately, there had been few alterations, and he went on without pause or check, across country towards a winding road, or rather lane, by which he knew he should reach the village. The church tower was in sight as he descended the hill, and the nearest lodge of the Combe was about a mile beyond; but he had had time to realize that it was a long round altogether before his solitude was broken upon by an unexpected meeting.

A turn of the endless lane showed him the light figure of his god-daughter, Cecile Tyrwhitt, mounted on a lively little chestnut mare, and followed by a very small boy on an old grey pony. The meeting was equally unexpected on her part, and with an exclamation of joy she drew in her rein.

"This is a piece of good fortune indeed! But why are you alone, godpapa? Nothing the matter I hope?"

He reassured her with a brief explanation, and turned to walk by her side.

"I might inquire why you did not come to the luncheon. I heard you asked for."

"Who asked for me?" The question was sharply put.

"A young lady—Miss Bellamy I think her name was, who came with Mrs. Knighton's party, and evidently expected to meet you there."

"I dare say; but there were very good reasons why she did not. Would you mind walking on with me

while Jack rides into the village to leave a basket for me with a friend? I was going there myself, but I would much rather have a talk with you. It is what I have longed for ever since you came."

"I'm at your service, my dear. Give your orders, and I will be Jack's deputy in his absence."

"Mother does not like me to ride quite alone," Cecile explained, as her small escort rode away; "unless I am on the old pony, and I very much prefer Pamela, though she does dance and prance sometimes. In the shooting-season there is no one available but Jack, and I believe in his heart he would rather be with the shooters. You had good sport, I hope?"

"Excellent."

"And you admired Maud Bellamy? All the gentlemen do."

"So I should suppose, for they seemed to gather round her directly."

"I know—I know. I am going to make you a grievous confession. We were friends once—now I hate her!"

"Not because she is admired?"

"No; I could admire her myself if she would not always make me feel miserable and cross and resentful; so that I have been obliged to say I would not go anywhere to meet her. Now, look here—should you care to meet a person, passing as your friend, who always pretended to misunderstand what you said, making out that it was something quite different, and extremely foolish—who never let you enjoy a talk with any one you liked, but contrived to strike in and draw him away—who could not be contented without being, not only the first, but the only person attended to and thought of, and who wouldn't scruple to say anything, true or untrue, that would move a hindrance out of her way? I am sure you would not; and neither do I."

He looked up at her rather sadly. Only seventeen, with a face like a rose and giving out such bitterness! That something was wrong with her, he had divined from the first; her spirits had struck him as rather forced

and he had noticed an anxious watching in the mother's eyes. And now he felt convinced there was more to come, which he must not check by any reproving word.

He had made a pet of her from her childhood. Though rarely meeting, his name had from the first been associated in her mind with delightful surprises, charming birthday presents, amusing letters and kind interest in all her being, doing, and suffering. It was natural, therefore, that where the last was concerned she should tell him what she would have allowed no one to ask. But he was not prepared for her next piece of confidence.

"I want to ask your advice and help. Mother said I might, and that I could not have a safer adviser. You see she knows nothing about it herself, because in her young days things were different."

"Not so different as you young people are apt to suppose, Cecile."

"Well, everybody says that the changes in the last twenty years have been very great. I mean, about what women may do, and learn, and all that. You have no old world prejudices about women, have you?"

"My prejudices, such as they are, are mostly in their favor—especially at sweet seventeen. What do you want to do?"

"I want to be a nurse. Stop—don't begin by telling me I have duties at home. Father and mother will object to nothing that you approve, and they both say they only want me to be happy. Now, I am not happy, and I am determined not to pretend that I am. About nursing I have heard a great deal from a particular friend of mine living here, who went through exams without end, and got certificates, and was regularly employed in London. She and her husband—he is our doctor—have invalids sometimes to board with them, whom nobody else can manage; and it is wonderful what she does with difficult cases."

"I can quite believe it. Some of our best nurses are ladies."

"Then being a lady you do not consider an objection?"

"On the contrary; given the other qualifications, the better the lady the better the nurse. You want my assistance in becoming one—your parents' approval taken for granted?"

"Yes, indeed I do. It will be so kind!"

"Then I shall begin with a piece of advice, more important than you suppose."

"Stop one minute. I know what it is. You want me to think it well over, and make sure I can put up with sharp words from superiors, and being set to do hard work, cleaning and scrubbing and all that. I assure you, my friend's own experience is like a manual. She has made me see the very worst side of a nurse's life, and it has not changed my mind in the least."

"So much the better for your purpose, but she has not taught you one thing—to wait till you have heard the doctor speak before you answer him. You may have gone through all you tell me, and more, and yet be unfit for a nurse, if part of your equipment is—a grievance. Let nothing induce you to suppose that change of scene, change of occupation, and all the rest of it, will stop the mischief. A nurse's cheerfulness is part of her stock-in-trade, and, like other stock, ought to be genuine; and the cheerfulness that is only put on with your cap and apron will be as great a sham as your skill would be under the same circumstances. Here you are, dear child, with these thorns in your heart—the friend who is playing you false—the estrangement from somebody that she has brought about, the sense of being laughed at, or whatever the annoyance may be; and you think that when you are away from home they will not rankle as they do now. You are quite mistaken. There are times, again and again, when a trained nurse has to fall back upon her own thoughts for solace and occupation while remaining perfectly still. If such thoughts as those keep her company then her nerves must suffer, and nerves mean temper. To feel your temper failing you is bad enough in our profession. It is ten times worse in a nurse's."

His tone impressed her more than his words; it brought back a vague recollection of something sad having happened to him years ago, when she was supposed to hear nothing. A longing to cheer his spirits made her press the hand he had laid on the pommel of her saddle.

"I am sure of one thing, my dear godfather, that you have had no experience of that kind."

"God forbid, my dear," was his answer, "that any experience of yours should ever be like mine!" Then, with a quick change of voice—"Pull up, Cecile! Your pony is limping. A stone in her shoe most likely. This road-mending plays sad tricks with the horses."

He picked up a good-sized pebble as he spoke, and gently stroking down the slender leg took the hoof in his hand, Cecile saying soft things to her pet the while, telling her how honored she ought to be at having such first-rate attendance. A dexterous tap or two had just remedied the evil, when the report of a gun behind the hedge made the nervous creature start in terror, lash out wildly, and bound forward several yards before her rider could recover control of the bridle. In fact, if she had not been a good horsewoman, she must have been thrown. As it was, she did not know what had happened till she had quieted and turned Pamela around, and then saw Everard Luttrell lying motionless on his face.

The shriek that burst from her lips was heard by two persons. Jack, having accomplished his errand, came cantering up in consternation; and bursting through the hedge, his gun in one hand and a rabbit in the other, Ronald Knighton sprang into the lane.

"Cecile! My darling! What is it? Are you hurt?"

He had caught the rein, and his arm was round her as she slipped from her saddle.

"Oh, no, no—but he is! Look there! Oh, what shall we do?"

However great his consternation, he did not lose his presence of mind. The hunting-field had taught him something about accidents, and a brief inspection of the

injured man convinced him that the case required both skill and care. The least jolt in moving him might be of serious consequence. Dr. Cameron's was the nearest house, and Jack must go there at once for help. If the doctor was out, he must ride after him; but meanwhile the patient must be carried to his house. Mrs. Cameron would know what was required; she was nearly as good a doctor as her husband.

"Don't be frightened, my darling," he went on, as poor Cecile, sick and faint, sat down on the ground, just capable of holding Pamela's bridle, but about as unfit for a nurse's duties as Pamela herself. "He has had a nasty kick, but men get those constantly without being much the worse in the end."

It was a bold assertion, but ignorance is not critical. Cecile was still at the innocent stage of belief in the superior knowledge of man; and her hope revived, though not her self-respect.

"I had just been telling him I wanted to be a nurse. I shall never dare to say so again after this."

"Of course not; your duties lie in a different direction, as I shall be happy to point out. It is I who have to reproach myself for my unlucky shot."

And while doing all he could venture for the unconscious sufferer, he explained in a few words how he had been tracking him at her father's request, and had shot the rabbit by way of excuse should he have been accidently discovered.

"I had no idea you were with him; I shall hate the sight of my gun if it has really brought you sorrow."

"Oh, I hope—I must hope, or I should hate poor Pamela. It was no fault of yours; you—you are always kind."

It was a strange time for explanations, a terrible possibility in front, and at the best, a fact whose consequences no one could foresee; but when Cecile in after life recalled that hour of misery, it was strangely mixed with a memory of sweetness beyond compare. Her dear friend was in danger, her dream of useful womanhood

had been rudely dispelled; but Ronald had come to help and comfort her, and things might have been—oh, so much worse.

NURSE AND DOCTOR.

II.

IF YOU please, Mrs. Cameron, you're wanted at home directly, ma'am. Colonel Tyrwhitt's boy has come on the pony to find you, and the Doctor says it's most particular, if you please."

"At home, did you say, or at Colonel Tyrwhitt's?"

"At home, ma'am. It's a gentleman as has been took there; a bad accident, the boy says. He don't think he'll ever get over it."

"Then he had better keep his thoughts to himself. Tell him to go back and say I am coming."

The doctor's wife was as well known among the village patients as himself; her skill as a trained nurse making her exceedingly popular. Calmly as she had received the summons, she did not lose a minute in obeying it, taking a short cut across the church meadows, only available on foot. They kept a room reserved for patients, and it was seldom vacant for long; more, people were too apt to say, on her account than on his. The reception of these boarders was an essential part of their small income, for Dr. Cameron was not a popular man. Devoted to his profession, he loved experiments and investigations more than the whims or woes of sick people; the practise he had bought had proved less lucrative than had been represented, and he had been disappointed whenever he had been a candidate for anything in the neighborhood worth having. And as nothing succeeds like success, so nothing is a greater hindrance than being spoken of as "not getting on."

But he had one strong point, and he knew it; that was his wife.

Miriam Cameron, as she came along the short cut across the church meadows that September afternoon, with a step so easy and elastic that its swiftness was

scarcely perceptible, might have been taken as a fair specimen by the advocates of modern training. The intellect in brow and eye had been allowed ample culture, and the well-knit frame ample exercise. She had in fact, been allowed from her early teens, to follow her own bent both in study and recreation; and having worked her way, satisfactorily, through classes and examinations, and trained hand, and foot, and eye, in a variety of pastimes, had taken up nursing as a profession, with all its preliminary discipline. And before she had been a nurse very long she married a physician—which, some lazy people suggested, she might have done without all that trouble. But no keen observer of countenances, who studied hers, could fail to see how the grinding of the wheel had brought out the polish of the gem. There was a latent sense of power in her features which had impressed Cecile's young mind unawares; and part of her secret attraction lay in the sadness that in thoughtful moments would soften her dark eyes. The experience which had ripened her understanding had not been without cost.

As she reached her own door there seemed to be a little crowd gathered around it; Cecile on Pamela, with Ronald Knighton holding her bridle—Jack behind on the grey pony; and two or three laborers, who had been helping to carry the patient, were lingering to hear the last report; but she allowed no time for questions. Her husband was on the watch, and his call was imperative. She was with him in an instant, and saw him so strongly agitated that she took care to look just the reverse.

"Is it a bad case, dear? The room was all ready and so am I—only sorry you had to send after me. Any one I know?"—for there was an indescribable something in his face, as if he wanted to prepare her for a shock.

"Yes," was the reply, almost in a hoarse whisper. "I dare say you would have known him though he looks much older than when I saw him last. Miriam, it is Everard Luttrell."

She was but a woman, for all her certificates. He put

her into a chair, and hurried for a restorative, watching in silence till her lips regained their color. Then, in answer to her look, for she could not articulate, he told what he knew of the case, the treatment to be carried out, and the probabilities as far as he had had time to put them together.

She could understand and appreciate, if she could not talk; and when he paused she bent her head in assent, and rose to prepare for immediate service. Not till she was safe in her own room would she venture to relax her self-control, and then only for a few minutes. By the time she had assumed her place in the patient's chamber she was outwardly herself again.

That such an event as Luttrell's accident should be discussed in the papers was only to be expected. He was far too popular and too necessary to be thus suddenly laid by without causing a great deal of anxiety and excitement. The local and county papers found themselves quite in request; and emissaries from London journals haunted the village, waylaid the servants at the Combe and tried desperately to get inside Dr. Cameron's door. So many telegrams had to be received and answered that Cecile's offer of help was accepted, and she was at the house every day; her father consenting the more readily, that it was impossible to move the patient to his house. Curiously enough, Cecile's visits were generally at the same hour that Ronald Knighton came over for a bulletin. His help, of course, was invaluable, and they really got through a good deal of work during the first days of alarm, while the patient hovered between life and death. The whole neighborhood, for miles round, wanted to be equally useful, and enough game, fruit, and jelly to supply a sick ward were sent in before any could be of avail to the unconscious Everard. It was part of the young people's work to carry shares of these dainties to patients "whom nobody cared about"—a slight compensation for the absence of Mrs. Cameron, whose whole strength and time were required by her charge.

No small excitement was caused one day by the ar-

rival of an eminent brother-surgeon, popularly supposed to be intensely jealous of his rival, and eager to profit by the golden opportunity. As a matter of fact, he would have given more gold than he had ever received to have seen Everard Luttrell at work once more; and he did all in his power. Dr. Cameron, with whom he had a long consultation, received his suggestions as something beyond price; but the great man's face was very grave when he took leave, with strict injunctions that he was to be sent for should there be any change for the worse.

"Much will depend," he told Mrs. Cameron at parting, "on the state of his brain when he regains consciousness. Very likely he will wander a little—never mind that. The great point is that his mind should not be distressed. There has been too much of that already."

"It shows what opinion Sir Niel Kenton has of you as a nurse, Miriam," was her husband's comment, "that he should tell you that so plainly. I noticed a change in his manner directly he knew that I had worked under poor Luttrell, and been at one time his pupil. Shouldn't wonder if he gave me a lift up the hill; a word from a man like that would be the making of a fellow. If only we can pull through this!"

"If only—!" was her reply; "we could then afford to wait for the rest."

Sir Niel's forecast was soon verified. Miriam had been lying down for a short interval, when her husband came in to report the important change. Luttrell had recognized him, without appearing surprised; only fancied they were watching a case together, and that he had been allowed to sleep too long.

"I quieted him with a promise to call him up if there was any change; and now he is asleep again, and much will depend on his next waking."

"I shall be there," was her answer; and in a few minutes she was again at her post, from which indeed she was never absent a minute longer than she could help. In point of fact, as Cecile told Ronald in confidence, Miriam's theory was one thing and her practise another. She

had maintained that a nurse must lose her efficiency if she neglected the rules about rest, diet, and exercise; and here she was setting them all at defiance.

"And if one says a word, she looks so sad one can say no more. If nursing is really this sort of thing, I am afraid it would never do for me."

"No, my darling," was Ronald's answer, "and nobody ever thought it would. The only patient it would be safe for you to meddle with would be myself. But Mrs. Cameron knows what she is about, and, depend upon it, she has her reasons."

She had stronger reasons than he imagined. Even her husband, who might have known more, did not guess how deeply she was feeling—how the whole of her future life's peace seemed to hang on what the sick man's wakening might bring. Never, perhaps, in the whole of her past had her eyes been such "homes of silent prayer" as during that afternoon's vigil, when the practised quiescence of the body was in such contrast with the restless activity of the mind. The room had been necessarily kept in semi-darkness on the patient's account, and as the autumn day faded it would have been difficult for an unaccustomed watcher to distinguish the pale face from its pillow. Even she was just considering whether it were safe to draw the curtain a little more from the window, when there was a slight movement in the bed, the heavy eyelids were lifted, and the eyes rested on hers. Then, with a pleased look of surprise, such as we have all felt in our time, when a dream returns, of which we say to ourselves, "This time it is real!" came the low, glad words, "Why, Mary!"

His nurse's heart gave a bound that almost turned her faint, but she smiled in answer to his smile, smoothed the quilt, and moistened his lips. He made a feeble attempt to take her hand, and when she gave it to him, drew it to his cheek with a sigh of comfort and relief.

"I really thought—I must have dreamed—you were—"

The sentence was left unfinished, but the happy look

lasted while she gave him the appointed spoonfuls, and lingered on his face after he had again dropped into a doze. And that doze became the most natural, healthy sleep he had had yet. Now and then, at first, his lips moved; and more than once her ear would catch the murmur of pleasure, almost like that of a child, "My Mary—my own!"

"Oh, God!" prayed the nurse, as the tears ran noiselessly down her cheeks, "if Thine angel be indeed present, let it be with healing in her wings!"

Whatever brought the healing, it was certainly there. He improved from that hour—up to a certain point. How long the sweet dream lasted they never knew; Miriam believed she could detect a look that was again surprise, without the joy; but, as nothing was said, she could not be certain. His mind cleared itself by degrees, and he could converse for a while with Dr. Cameron, and take some professional interest in his own case. Then he was able to ask after his friends, take account of time, and express gratitude for what had been done for him. Then he was moved to a sofa, and then into a sitting-room. And people began to speculate how soon he would be considered quite well.

As a step to that desired end, Sir Niel Kenton came down again, and remained with him some time alone. Before taking leave, he said a few words to Dr. Cameron that delighted him extremely, as well they might; and then begged to have a few more with his wife. A brief but earnest conversation followed, and the great surgeon drove away to catch his train.

Husband and wife watched the departure, and turned to exchange confidences.

"I told you, Miriam, it would be the making of us. Luttrell has got him to give me his vote and interest for the next vacancy—it must come soon—at———hospital, the very thing I most wished for. What did he tell you that makes you look like that?"

For instead of the delight he expected, her face was troubled and anxious.

"He told me," he said slowly, "that unless he was roused now that he has reached this point, either his mind or his body would sink—he feared for the mind."

"Do you see your way to doing it?" almost whispered the doctor.

"I see one way—only one. If it fails, I can do no more."

* * * * * *

"Cecile, my dear, your godfather has asked for you and I promised you would go this afternoon."

Colonel Tyrwhitt had been allowed to visit his friend, and had derived but small comfort from the interview.

"Aye," he went on, in answer to his daughter's inquiry, "they say he is recovering; but I don't like the looks of him. He begins to talk like his old self, and then, all in a minute his mind seems miles away, and there is a sad look in his eyes that breaks your heart. He gives me the idea—in spite of his good sense and ability—of a man who does not think it worth his while to get better. I have known more than one poor fellow in hospital lose his number for no other reason."

"But, dear papa, are you sure my visit will do him no harm?" faltered Cecile.

"Sure? No; but a little idle chatter will make a change; only mind you are perfectly natural, and at your ease, or you may do more harm than good."

"Easier said than done," thought poor Cecile, but she went, resolved to do her best, and was agreeably surprised by his quiet, affectionate greeting.

The room where he now passed most of the day, on a sofa, was always kept in a sort of twilight, and a screen protected his eyes from the bright little fire that the shortening afternoons made necessary. His watchful nurse, who could knit in any light, not to say darkness, sat quietly employed, where she could observe him without appearing to do so; and her cheerful way of talking helped the younger visitor to overcome the lump in her throat, and do as her father had told her.

"You owe me a good turn, my dear Cecile," said the

invalid, as she drew a low chair near his sofa, and took his hand. "No hospital training would do for you what Mrs. Cameron's example and instructions may, if you are in a teachable frame. Such a nurse does not cross one's path every day."

"I know that; but I have learned my lesson. I look upon good nurses with reverence—perhaps with envy—but I am not fitted to be one of them."

"Is the grievance still so heavy?" A faint smile had flickered over his face which grew stronger as the color flew into hers.

"Oh, no, no,—I have no grievance now—except indeed"—as if an after-thought—"your being laid up like this through Pamela's fault, or mine."

"No one's fault, my dear; these things happen every day, only the objects of your envy are not always so near at hand." He inclined his head to Miriam as he spoke, and she saw the opportunity for which she had been waiting.

"We are not always to be envied," she said as she laid down her knitting, moved to the window, and having rearranged the curtain, slipped into a seat where her face was almost hidden. "I could tell you a story, Cecile, of my own experience, that would give you quite another impression."

The dreaded shadow was coming over his eyes, and she durst not wait for encouragement. Cecile, however, while stroking her godfather's hand, discovered that his attention was caught directly the story began.

"I was called in to nurse a lady once under unusual circumstances. Her husband, one of the rising surgeons of that day, had been summoned into the country to a most urgent and difficult case; and soon after his departure she met with an accident that disabled her right arm. Her husband's colleague and former pupil attended her, and as I had worked under him already, he sent for me, her servants having no idea of nursing. It was a simple case, but required care, and she was as fragile as she was beautiful."

Cecile felt the thin fingers tighten on her own, but he made no other sign. The speaker's voice went on, after a moment's pause, with bell-like distinctness:

"At that time—you were too young to know much about it—there was a great talk among medical men of a new treatment for consumption that was to work wonderful cures. The same thing has occurred since and become widely known; this was the dream of a few months only. The doctor was keen about it, and I soon found that my sweet patient had her own reasons for sharing his enthusiasm. She was doomed, and she knew it; and in the sleepless hours of the night she confided to me her passionate longing to try the new remedy, so as to give herself the chance of a few more years with her husband. She had begged him to give it her in vain—the first thing he had ever refused her. Either he doubted the treatment or feared the risk. His very affection stood in the way; but if it were done in his absence, and he found her with a new lease of life on his return, what reward would he think too much? And then, with what confidence would he carry to other despairing households the deliverance accomplished in his own!

"My better judgment was against her, but before I had time to remonstrate she was weeping on my shoulder, imploring me to give her just this chance of life.

"I was wrong, Cecile, and I make no excuse; but I could not resist those tears, those eyes, that pleading voice. I helped her to overcome the doctor's scruples—scruples on his friend's account, for he was sanguine as to the result—and the attempt was made.

"All seemed going well at first; then—we were obliged to own her husband had known best, and he was sent for, but came too late.

"She had said to me, just before becoming unconscious, 'It was my one disobedience—ask him to forgive me.'

"I was too ill at the time to give the message, and afterwards he would not see me; a letter I wrote came back to me unopened. So it has waited all these years to be given—at last!"

With the two closing words the clear voice dropped, and silence fell upon the darkening room.

Then Cecile felt the grip on her hands relax, and the invalid rose from the sofa and crossed over to Miriam's chair.

"Mrs. Cameron"—she hardly knew the voice, it was so full of intense feeling—"I never imagined this; I have done you cruel injustice, and this is your revenge. For pity's sake, say that you forgive me! You would, if you had ever felt for one hour the agony of being unable to forgive!"

His hand grasped hers, and as he felt her tears fall upon it his own burst forth like rain—such rain as sweeps away the germs of death and brings health both to body and soul.

Later on, when he could talk quietly with his hosts about the past, he touched on what had been the burden of his solitary years—the morbid tendency to brood over his loss as an unavenged wrong. Knowing what madness lay that way, he had done his best to fight it down; but had never felt secure that the bitterness would not return. With Cameron he had broken from the first, and had never heard whom he had married. His private belief had been that nurse and doctor had either persuaded or deceived his poor Mary between them. How difficult it was to resist her entreaties no one knew better than himself.

With the interchange of pardon his peace of mind returned, never to be lost again; and in due time his strength also.

His gratitude was of the enduring character natural to such a man, and in proportion to the suffering from which he had been relieved.

It was not only his former pupil who might date the period of Everard's accident as the turning-point in his own career, largely as he and his benefited by the friendship thus happily restored. When able to hear the whole story of his own adventure, Luttrell insisted on the point, disputed as it might be, that his real benefactor was the

lad who had shadowed him. But for his shooting that rabbit, he might never have known what he knew now.

And, being thus burdened with obligation, it was needful to take Cecile into his confidence as to the best method of discharging it.

How much the parents of both parties had surmised before was never quote clear; what they *were* certain about was, that a younger son, with no profession, was not to be encouraged to engage himself, however charming the young lady. How this objection was overcome would take too long to explain; but the fact that during that winter a Government appointment was procured for Ronald Knighton, from a distinguished patient of Everard's, coupled with an assertion that, as Cecile's godfather, he had a right to see that she had enough to live upon, will perhaps be considered to explain itself.

When he pleaded his own lost happiness, and his longing to see its image in the lives of others, little was left for prudence or scruples to reply.

Had that face, so dearly loved, indeed visited his pillow, a messenger from Heaven to lead him back to life and usefulness? Had she longed, even in her sweet rest, for an assurance that he did forgive, or was it only the half-waking dream of weakened nerves, to be put aside as unworthy a serious thought?

He never spoke of it, but he never put it aside.

HOSPITAL SCENES AND PERSONS

Walt Whitman

PATENT-OFFICE HOSPITAL.

FEBRUARY 23, 1863. I must not let the great hospital at the Patent-Office pass away without some mention. A few weeks ago the vast area of the second story of that noblest of Washington buildings was crowded close with rows of sick, badly wounded, and dying soldiers. They were placed in three very large apartments. I went there many times. It was a strange, solemn, and, with all its features of suffering and death, a sort of fascinating sight. I would go sometimes at night to soothe and relieve particular cases. Two of the immense apartments are filled with high and ponderous glass cases, crowded with models in miniature of every kind of utensil, machine, or invention it ever entered into the mind of man to conceive; and with curiosities and foreign presents. Between these cases are lateral openings, perhaps eight feet wide and quite deep, and in these were placed the sick, besides a great long double row of them up and down through the middle of the hall. Many of them were very bad cases, wounds and amputations. Then there was a gallery running above the hall in which there were beds also. It was, indeed, a curious scene, especially at night when lit up. The glass cases, the beds, the forms lying there, the gallery above, and the marble pavement under foot—the suffering, and the fortitude to bear it in various degrees—occasionally, from some, the groan that could not be repressed—sometimes a poor fellow dying, with emaciated face and glassy eye, the nurse by his side, the doctor also there, but no friend, no relative—such were the sights but lately in the Patent-Office. (The wounded have since been removed from there, and it is now vacant again.)

AN ARMY HOSPITAL WARD.

Let me specialize a visit I made to the collection of barrack-like one-story edifices, Campbell hospital, out on the flats, at the end of the then horse railway route, on Seventh Street. There is a long building appropriated to each ward. Let us go into ward 6. It contains to-day, I should judge, eighty or a hundred patients, half sick, half wounded. The edifice is nothing but boards, well whitewashed inside, and the usual slender-framed iron bedsteads, narrow and plain. You walk down the central passage, with a row on either side, their feet towards you, and their heads to the wall. There are fires in large stoves, and the prevailing white of the walls is relieved by some ornaments, stars, circles, etc., made of evergreens. The view of the whole edifice and occupants can be taken at once, for there is no partition. You may hear groans or other sounds of unendurable suffering from two or three of the cots, but in the main there is quiet—almost a painful absence of demonstration; but the pallid face, the dulled eye, and the moisture on the lip, are demonstration enough. Most of these sick or hurt are evidently young fellows from the country, farmer's sons, and such like. Look at the fine large frames, the bright and broad countenances, and the many yet lingering proofs of strong constitution and physique. Look at the patient and mute manner of our American wounded as they lie in such a sad collection; representatives from all New England, and from New York, and New Jersey, and Pennsylvania—indeed from all the States and all the cities—largely from the West. Most of them are entirely without friends or acquaintances here—no familiar face, and hardly a word of judicious sympathy or cheer, through their sometimes long and tedious sickness, or the pangs of aggravated wounds.

MY PREPARATION FOR VISITS.

In my visits to the hospitals I found it was in the simple matter of personal presence, and emanating ordinary cheer and magnetism, that I succeeded and helped more

than by medical nursing, or delicacies, or gifts of money, or anything else. During the war I possessed the perfection of physical health. My habit, when practicable, was to prepare for starting out on one of those daily or nightly tours of from a couple to four or five hours, by fortifying myself with previous rest, the bath, clean clothes, a good meal, and as cheerful an appearance as possible.

AMBULANCE PROCESSIONS.

June 25, *Sundown.*—As I sit writing this paragraph I see a train of about thirty huge four-horse wagons, used as ambulances, filled with wounded, passing up Fourteenth Street, on their way, probably, to Columbian, Carver, and Mount Pleasant hospitals. This is the way the men come in now, seldom in small numbers, but almost always in these long, sad processions. Through the past winter, while our army lay opposite Fredericksburg, the like strings of ambulances were of frequent occurrence along Seventh Street, passing slowly up from the steamboat wharf, with loads from Aquia Creek.

HOSPITAL ENSEMBLE.

Aug., Sep., and Oct., '63.—I am in the habit of going to all, and to Fairfax Seminary, Alexandria, and over Long bridge to the great Convalescent camp. The journals publish a regular directory of them—a long list. As a specimen of almost any one of the larger of these hospitals, fancy to yourself a space of three to twenty acres of ground, on which are grouped ten or twelve very large wooden barracks, with, perhaps, a dozen or twenty, and sometimes more than that number, small buildings, capable altogether of accommodating from five hundred to a thousand or fifteen hundred persons. Sometimes these wooden barracks or wards, each of them perhaps from a hundred to a hundred and fifty feet long, are ranged in a straight row, evenly fronting the street; others are planned so as to form an immense V; and others again are ranged around a hollow square. They

make altogether a huge cluster, with the additional tents, extra wards for contagious diseases, guard-houses, sutler's stores, chaplain's house; in the middle will probably be an edifice devoted to the offices of the surgeon in charge, and the ward surgeons, principal attachés, clerks, etc. The wards are either lettered alphabetically, ward G, ward K, or else numerically, 1, 2, 3, etc. Each has its ward surgeon and corps of nurses. Of course, there is, in the aggregate, quite a muster of employes, and over all the surgeon in charge.

Here in Washington, when these army hospitals are all filled (as they have been already several times), they contain a population more numerous in itself than the whole of the Washington of ten or fifteen years ago. Within sight of the capitol, as I write, are some thirty or forty such collections, at times holding from fifty to seventy thousand men. Looking from any eminence and studying the topography in my rambles, I use them as landmarks. Through the rich August verdure of the trees, see that white group of buildings off yonder in the outskirts; then another cluster half a mile to the left of the first; then another a mile to the right, and another a mile beyond, and still another between us and the first. Indeed, we can hardly look in any direction but these clusters are dotting the landscape and environs. That little town, as you might suppose it, off there on the brow of a hill, is indeed a town, but of wounds, sickness, and death. It is Finley hospital, northeast of the city, on Kendall green, as it used to be called. That other is Campbell hospital. Both are large establishments. I have known these two alone to have from two thousand to twenty-five hundred inmates. Then there is Carver hospital, larger still, a walled and military city regularly laid out, and guarded by squads of sentries. Again, off east, Lincoln hospital, a still larger one; and half a mile further Emory hospital. Still sweeping the eye around down the river toward Alexandria, we see, to the right, the locality where the Convalescent camp stands, with its five, eight or sometimes ten thousand inmates.

Even all these are but a portion. The Harewood, Mount Pleasant, Armory-square, Judiciary hospitals, are some of the rest, and all large collections.

HOSPITAL PERPLEXITY

To add to other troubles, amid the confusion of this great army of sick, it is almost impossible for a stranger to find any friend or relative, unless he has the patient's specific address to start upon. Besides the directory printed in the newspapers here, there are one or two general directories of the hospitals kept at provost's headquarters, but they are nothing like complete; they never are up to date, and, as things are, with the daily streams of coming and going and changing, cannot be. I have known cases, for instance, such as a farmer coming here from northern New York to find a wounded brother, faithfully hunting around for a week, and then compelled to leave and go home without getting any trace of him. When he got home he found a letter from the brother giving the right address.

ARMY SURGEONS—AID DEFICIENCIES.

I must bear my most emphatic testimony to the zeal, manliness and professional spirit and capacity generally prevailing among the surgeons, many of them young men, in the hospitals and the army. I will not say much about the exceptions, for they are few; (but I have met some of those few, and very incompetent and airish they were). I never ceased to find the best men, and the hardest and most disinterested workers, among the surgeons in the hospitals. They are full of genius, too. I have seen many hundreds of them and this is my testimony. There are, however, serious deficiencies, wastes, sad want of system, in the commissions, contributions, and in all the voluntary, and a great part of the governmental nursing, edibles, medicines, stores, etc. (I do not say surgical attendance, because the surgeons cannot do more than human endurance permits.) Whatever puffing accounts there may be in the papers of the North, this is the actual fact.

No thorough previous preparation, no system, no foresight, no genius. Always plenty of stores, no doubt, but never where they are needed, and never the proper application. Of all harrowing experiences, none is greater than that of the days following a heavy battle. Scores, hundreds of the noblest men on earth, uncomplaining, lie helpless, mangled, faint, alone, and so bleed to death, or die from exhaustion, either actually untouched at all, or merely the laying of them down and leaving them, when there ought to be means provided to save them.

BURIAL OF A LADY NURSE.

Here is an incident just occurred in one of the hospitals. A lady named Miss or Mrs. Billings, who had long been a practical friend of soldiers, and nurse in the army, and had become attached to it in a way that no one can realize but him or her who has had experience, was taken sick, early this winter, lingered some time, and finally died in the hospital. It was her request that she should be buried among the soldiers, and after the military method. This request was fully carried out. Her coffin was carried to the grave by soldiers, with the usual escort, buried and a salute fired over the grave. This was at Annapolis a few days since.

FEMALE NURSES FOR SOLDIERS.

There are many women in one position or another, among the hospitals, mostly as nurses here in Washington, and among the military stations; quite a number of them young ladies acting as volunteers. They are a help in certain ways, and deserve to be mentioned with respect. Then it remains to be distinctly said that few or no young ladies, under the irresistible conventions of society, answer the practical requirements of nurses for soldiers. Middle-aged or healthy and good conditioned elderly women, mothers of children, are always best. Many of the wounded must be handled. A hundred things which cannot be gainsaid, must occur and must be done. The presence of a good middle-aged or elderly

woman, the magnetic touch of hands, the expressive features of the mother, the silent soothing of her presence, her words, her knowledge and privileges arrived at only through having had children, are precious and final qualifications. It is a natural faculty that is required; it is not merely having a genteel young woman at a table in the ward. One of the finest nurses I met was a red-faced, illiterate old Irish woman; I have seen her take the poor wasted naked boys so tenderly up in her arms. There are plenty of excellent clean old black women that would make tip-top nurses.

WOUNDS AND DISEASES.

The war is over, but the hospitals are fuller than ever, from former and current cases. A large majority of the wounds are in the arms and legs. But there is every kind of wound, in every part of the body. I should say of the sick, from my observation that the prevailing maladies are typhoid fever and the camp fevers generally, diarrhœa, catarrhal affections and bronchitis, rheumatism and pneumonia. These forms of sickness lead; all the rest follow. There are twice as many sick as there are wounded. The deaths range from seven to ten per cent. of those under treatment.

HOSPITALS CLOSING.

October 3.—There are two army hospitals now remaining. I went to the largest of these (Douglas) and spent the afternoon and evening. There are many sad cases, old wounds, incurable sickness, and some of the wounded from the March and April battles before Richmond. Few realize how sharp and bloody those closing battles were. Our men exposed themselves more than usual; pressed ahead without urging. Then the Southerners fought with extra desperation. Both sides knew that with the successful chasing of the rebel cabal from Richmond, and the occupation of that city by the National troops, the game was up. The dead and wounded were unusually many. Of the wounded the last lingering driblets have been brought to hospitals here. I find many rebel wounded

here, and have been extra busy to-day 'tending to the worst cases of them with the rest.

Oct., Nov., and Dec., '65—Sundays.—Every Sunday of those months visited Harewood hospital out in the woods, pleasant and recluse, some two and a half or three miles north of the capitol. The situation is healthy, with broken ground, grassy slopes and patches of oak woods, the trees large and fine. It was one of the most extensive of the hospitals, now reduced to four or five partially occupied wards, the numerous others being vacant. In November, this became the last military hospital kept up by the government, all the others being closed. Cases of the worst and most incurable wounds, obstinate illness, and of poor fellows who have no homes to go to, are found here.

Dec. 10—*Sunday.*—Again spending a good part of the day at Harewood. I write this about an hour before sundown. I have walked out for a few minutes to the edge of the woods to soothe myself with the hour and scene. It is a glorious, warm, golden-sunny, still afternoon. The only noise is from a crowd of cawing crows, on some trees three hundred yards distant. Clusters of gnats swimming and dancing in the air in all directions. The oak leaves are thick under the bare trees, and give a strong and delicious perfume. Inside the wards everything is gloomy. Death is there. As I entered, I was confronted by it the first thing; the corpse of a poor soldier, just dead, of typhoid fever. The attendants had just straightened the limbs, put coppers on the eyes, and were laying it out.

The roads.—A great recreation, the past three years, has been in taking long walks out from Washington, five, seven, perhaps ten miles and back; generally with my friend Peter Doyle, who is as fond of it as I am. Fine moonlight nights, over the perfect military roads, hard and smooth—or Sundays—we had these delightful walks, never to be forgotten. The roads connecting Washington and the numerous forts around the city, made one useful result, at any rate, out of the war.

NURSING AS A PROFESSION

Isabel Hampton Robb

NURSING AS A PROFESSION.

THAT you may better understand the conditions now existing in the hospital and nursing world, I shall first briefly sketch some of the devious ways by which modern nursing has come to its present status, worthy to be ranked as an art and a profession. A full consideration of the entire range of this subject would far exceed the possibilities of a single chapter. The ancient history of hospitals and their methods of dealing with their sick, both before and during the early days of Christianity would by itself afford abundant material for an interesting volume, while a second might deal with the rise and growth of the multitudes of monasteries and religious sisterhoods, which began in the middle ages and have lasted down to our own times. But although these events are full of intense interest from a historical standpoint, they had little to do in leading up to the present methods in hospitals and nursing. Only it may be remembered that one founder, among the many, seems to have spoken with prophetic voice of things to come, when he ordained for the Sisters of Mercy of St. Vincent de Paul: "They shall have no monasteries but the house of the sick, no cells but a hired room, no cloisters but the streets of a town and the wards of the hospital, no inclosure but obedience, and for convent bars only the fear of God; for a veil they shall have a holy and perfect modesty; and while they keep themselves from the infection of vice they shall sow the seeds of virtue wherever they turn their steps." Hundreds of years have passed since those words were spoken, but they perfectly picture the ideals of the sisterhood of trained nurses at the close of the ninteenth century. And what more beautiful inspiration need a woman have to join forces to make such ideals daily facts?

Let us then, leave nursing with its ancient and medieval conditions and confine ourselves to a consideration of what has been done during the last hundred years. It would seem that the first quarter of the century found a condition of affairs that in point of degradation could hardly be conceived possible. The hospitals stood for all that was bad; they were lazar-houses not only of physical horrors, but also of moral iniquity; the nursing was relegated to those among women who were not considered of sufficient respectability to be entrusted with the most menial of domestic work, and whose moral turpitude was equaled only by their incompetence. But during these years there were born into the world four people who lived to bring light into dark places and who by example and precept brought about a revolution. There is no need for me to speak to you at length of Elizabeth Fry and her work in prisons and hospitals, of Charles Dickens and his inimitable writings, of Pastor Fliedner, the founder of the order of German Deaconesses, and last but not least, of our own beloved Miss Nightingale. Their names will live forever in our hearts and in the hearts of those who come after us.

With the last two, however, we have more to do just now, since they were practically the founders of the present system of nursing the sick. Theodore Fliedner was born in the year 1800, in the small village of Eppstein on the frontiers of Hesse and Nassau, where his father was the parish clergyman. At the age of 20 he himself became the pastor of the little town of Kaiserwerth on the Rhine, which has become famous for all time on account of the great work which he established there. On an income of $125 a year he managed not only to exist, but also to help his parishioners, who were in a condition of extreme poverty, and a prey to dirt and disease. Before he had lived there very long, even this income became diminished owing to the failure of the velvet manufactories which supplied work to most of the parishioners. As a result he was obliged to cast about to save his church and help his neighbors in their dis-

tress, and with this object in view he made journeys through Germany, Holland, and England, pleading his cause with more or less success. But from these journeys was realized something of far more value than the money he raised. He brought back with him an experience and knowledge of what was being done in other countries in the way of charitable enterprise. While in England he encountered Elizabeth Fry, and as a result his attention became directed towards prison reform. On his return to Germany, he set about founding an asylum for discharged women prisoners and appealed to Christian womanhood to support him in his work. In 1833 the first woman prisoner, who later became the first deaconess, arrived at Kaiserwerth. At the same time Fliedner founded his hospital, beginning with a single patient. But even for this one patient a nurse was necessary. The recognition of this need led to the founding, or rather the reviving of the order of Deaconesses, which the church in its early days had established as necessary to its successful working, but which as time went on had been allowed to disappear. How the improvements thus instituted by Pastor Fliedner have advanced still further until they have spread all over the world, I need not mention in detail. I will only refer to the way in which his work was brought into direct connection with the system of modern nursing through Florence Nightingale, the founder and heroine of hospital nursing as it now exists and the patron saint of nurses.

Miss Nightingale was born at Florence, Italy, in 1820, her parents being English gentle people of influence and wealth. A natural philanthropist, while still a very young woman, she was stirred in her inmost soul by the deplorable care given to the sick both inside and outside of hospitals. Urged on by an intense desire to do something towards removing this reproach to the intelligence and humanity of the nineteenth century, she left her home and went from place to place in Europe examining the different systems employed in the various countries and comparing one with the other. As the

fruit of these pilgrimages we have her book entitled "Notes on Hospitals"—rich in suggestions for practical reforms. In these she laid particular stress upon sanitary construction in hospitals, and to what she then wrote we owe the attention that, from that time on, began to be devoted to sanitation and hygiene, the perfection of which we now find in new hospitals the world over. But Miss Nightingale recognized that in order to do effective work in bettering matters, it was necessary to supplement her theoretical knowledge by a practical acquaintance with the subject. As the result of several months spent at Kaiserwerth on two different occasions, she was able to write: "I at once recognized what I had so long sought —a spirit of devotion, of order and unity of purpose. It was impossible not to be impressed with the air of purity and deep, unaffected piety which pervaded the whole place; and yet there was no asceticism; it was the world, and yet not the world in the ordinary sense of the word. There was the mother, Madame Fliedner, the pastor's wife, mother of his large family, laying no claim to the dignity of "Lady Superior," but a plain Christian woman, who had not found the duties of wife and mother incompatible with spiritual cares, when both alike were exercised under one and the same guide and director, her husband. There were the young deaconesses with their intelligent animated countenances, no mere instruments yielding a blind and passive obedience, but voluntary and enlightened agents, obeying, on conviction, an inward principle."

In 1849 Miss Nightingale enrolled herself as a voluntary nurse in this establishment, and thus became practically acquainted with the various forms of disease and a good system of nursing. It seems needless to recapitulate here what the world owes to her for her work during the Crimean war. How she sped is a matter of universal knowledge. Upon her return to England a grateful English public placed at her disposal contributions to the amount of £50,000. With this fund she founded the Nightingale Training School for Nurses, the

first of its kind, so soon to be duplicated in the United Kingdom and thence throughout the world. In 1873 Sister Helen, a Nightingale Sister or Trained Nurse, came over to America and started the New York Training School for Nurses in connection with Bellevue Hospital, in the City of New York. Somewhat later in the same year similar schools were opened in New Haven and Boston. The conditions existing in hospitals at that time in this country were very little, if at all, better than those abroad, and one would have supposed that a respectable, intelligent class of women, offering themselves for hospital work, would have been received with open arms. Unfortunately, such was not the case. Months or years of hard physical and mental work, before she could obtain her certificate, represented but a small part of the struggle through which, a quarter of a century ago, or even less, a woman had to pass before she could establish her claim to share in hospital work as a trained nurse. It was a long while, indeed, before even the medical profession as a body regarded her with favor. But after physicians had once begun to realize that with trained nursing it was possible to have their orders intelligently carried out, that chaos and dirt gave way to order and cleanliness, that the percentage of deaths decreased and of recoveries increased; lastly, when once for all they learned to recognize the fact that their own particular province was in no danger of invasion, they finally accorded to the trained nurse her professional recognition.

The history of the education of the people at large upon this point forms an interesting chapter in sociology. The care—or perhaps we might say the criminal negligence—accorded to poor patients in hospitals in days gone by had made the name "hospital" a by-word and a term of reproach, which is not yet wholly eradicated from the minds of the ignorant and even of those who should be better informed. The prevailing type of attendants upon the sick in the early years of the century had accustomed people to regard paid nurses as self-

seeking menials, engaged in something far lower than domestic work, and whose only object was to benefit by other's misfortunes at the least expenditure of care and trouble on their own part. It is true that in all ages we have had noble women who devoted their whole life to their religion and to the care of the sick, and hence there has existed at all times another class of nurses, many of noble birth, all of noble souls, whose memory must ever be held in respect and honor. But here again too often the will was taken for the deed. It was apparently only necessary to wish to take proper care of the sick and to proceed at once to do so. Hence resulted a sad waste of much well-meant energy and too little progress so far as the welfare of the sick was concerned. But the views of the people were gradually growing broader. From regarding nursing the sick as an occupation for paid menials, or as a service of sacrifice and self-abnegation, to be shrouded in the garments of a religious sisterhood, they gradually reached the idea that widows and unmarried women of a certain age and experience might also find here a field of work. But to a public, educated up to even this pitch, it still came as a shock to find respectable women—young and unmarried—willing to give up two years of their life in a hospital to learn how to take care of the sick and to claim their right to establish the profession of trained nursing. Nevertheless, despite prejudices, institutions for instruction in nursing were established which were educational as well as humanitarian in their principles.

Unfortunately at first the number of competent women who were willing to enter the training schools was somewhat limited and these institutions were, therefore, obliged to offer a certain amount of monetary inducement in order to secure pupils in sufficient numbers. This fact is much to be regretted, since it has emphasized the commercial and the manual side at the expense of the educational standpoint of such schools.

The movement, once started, spread with great rapidity, schools grew up on all sides, and as might have been

expected, the competition for pupils was for a time so great that educational requirements for admission were kept unduly low. This feature has proved detrimental to the best interests of nursing in many ways. For the average nurse a preliminary education little beyond that furnished by the public schools has been demanded. It is true that in the better schools preference is given to applicants of superior education and cultivation and that not a few trained nurses are women of considerable attainments. But this low standard of requirement has increased the tendency of the public to regard the skill of the trained nurse as largely mechanical and her work as almost wholly manual, affording but little scope for a trained intellect. Again, it must be confessed that much has been done to justify this opinion by the appallingly long hours of practical work which have been and are still required, in too many hospitals, of the pupil nurse. Certainly, after nine or sometimes twelve or thirteen hours spent in the wards, little time and still less brain power is left for theoretical study, and even to the most intelligent and earnest mind fatigue is almost the only sensation left.

The question as to the social status of the trained nurse is also of interest. At one time it required not a little moral courage on the part of a refined woman to take up nursing. Her position had to be maintained day and night under the constant, vigilant, and not always friendly, criticism of the free ward patients, whose verdict, like that of the gallery gods judging an artist on the stage, carried weight not only in the hospital, but also in the slums of the city whence the majority of her patients were drawn. For it is the poorest patients who decide in part whether others will avail themselves of the benefits of the hospital; and every nurse should feel that with her rests to a great extent the power of such institutions to do the greatest good to the greatest number. Again, it was a long time before the young house physician could bring himself to understand that the trained nurse was there as his assistant and not as his

servant. In private families, outside the sick room, it was hard to know what to do with her. She was neither for the kitchen nor for the drawing-room—neither fish, flesh, nor fowl—and she was often placed in a position that required from her not only tact but a large amount of forbearance. But time has helped to settle the question and a trained nurse's position now is largely what she herself makes it. Occasionally, one still notices a trace of the old prejudice and of the feeling that a hospital nurse is not on an equality with other intelligent and refined women. Occasionally we still find families who consider it below their dignity that one of their members should enter a training school for nurses. Fortunately, however, this is largely a matter of education and I know by personal experience of many fathers and mothers, who, when once they had learned to appreciate the aims and duties of the trained nurse, were completely won over and encouraged their daughters when the latter wished to enter upon such a career.

Briefly, then, these are some of the stages through which the trained nurse has passed in the public estimation since she came into existence, until in these last days of the century, with its scientific medicine and modern hospitals, she is recognized as belonging to a profession, which has for its sphere the care of the sick, her work supplementing, not competing with, that of the scientific physician and surgeon.

But nurses are still reaching out towards ideals which we trust may be realized in the fullness of time. In speaking of nursing as *a profession* for women, I have used the term advisedly. Some prefer the term "vocation," or the Anglo-Saxon word, "calling." The last, if made to bear the significance of a direct call from God to a consecrated service, would rather suggest, on first thought, a sisterhood with its religious restrictions; and surely "profession" means all that "vocation" does and more. The work of the clergy, the lawyer, and the physician is spoken of as "a profession"; the term implies more responsibility, more serious duty, a higher skill and an em-

ployment needing an education more thorough than that required in some other vocations of life. Every day these qualities are more and more being demanded of the trained nurse by modern physicians and by exacting laity; and whether we recognize it or not, the fact remains that in so far as we fall short of meeting these requirements, in just such proportions are we found fault with and severely criticized.

Nor are the criticisms that we so often hear always unjust, for in glancing over the list of our attainments and summing them up there will be found room for much improvement. I think even the best among us are ready to acknowledge our imperfections, and the steady hard work that has been put into the past ten years in efforts towards improvements, shows a healthy dissatisfaction and augurs well for the betterment of the future nurse. We cannot stand still; in the future the public, both medical men and the laity, will be ever demanding a still more efficient nursing, more uniformity, and a higher order of women to meet these requirements. To be sure there are still to be found among the very conservative those who cannot become accustomed to the new order of things and who are not yet prepared to find the refined educated woman in the trained nurse; who do not comprehend the real difference between nursing as an occupation and as a profession. Their attitude would seem to be mainly due to the fact that they still labor under the impression that nursing consists chiefly in manual labor and that there is no necessity or scope afforded by it for a high degree of education. There are also those who proclaim that the old-fashioned nurse is good enough for them and maintain that nursing has not the first elements of a profession; they hold that the duties required of a nurse are very simple, that her education is complete when she has learned to make a bed and wash the patient, take the temperature and prepare the food, in fact to perform the ordinary duties for which any of the old-fashioned nurses were qualified. To distinguish between this popular idea of the care of the sick

and to justify us in our pretensions to the rank of a profession we must consider the demands made by scientific medicine of to-day. Its methods are as different from those of the old-time practice as are those of modern nursing from the old-time nursing. Not so long ago neither medicine nor nursing were scientific in character. But the evolution of the one created a necessity for the other. Modern medicine requires a thorough scientific training, and modern methods of treatment require that the work of the physician be supplemented by the constant and intelligent service supplied by the trained nurse, who has now her allotted part to perform in helping to carry cases of grave sickness to a successful termination. Thus, for example, it requires more than mere mechanical skill on the part of a nurse to follow the preparations for an aseptic operation, full of significance, as it is, in every detail, and the saying that "dust is danger" must have a bacteriologically practical meaning for her. At the present day, in all branches of surgery, the selection of a suitable operating-room nurse is no less important than that of any of the surgeon's staff. Nor can just any one appreciate the full meaning of the physician when he says "the nursing will be half the battle in this case." Even the general public has come to recognize the important part that skilled nursing plays in such diseases as typhoid fever, pneumonia, and other forms of infectious disorders, because of the constant and intelligent care that must be given such patients.

To acquire not only the practical but also the theoretical groundwork of her profession, a women must devote three of the best years of her life to special preparation and to obtaining a thorough understanding of the principles of nursing. Nothing can take the place of this training. It means all the difference that lies between the skilled practiced worker and the amateur. Nursing has thus become a matter of scientific discipline and is a therapeutic agent of ever increasing importance. It is this education of the intelligence that constitutes the main difference between the trained nurse of to-day and

the so-called nurse of former days, and that has rendered nursing worthy to rank as a department in scientific medicine.

To be sure there is the side to nursing so often spoken of as menial, but nothing dominated by the mind, and dignified by the way in which it is done, can be derogatory; nor need the cultured and trained woman, when the emergency arises, shrink from unpleasant tasks. The spirit in which she does her work makes all the difference. Invested as she should be with the dignity of her profession and the cloak of love for suffering humanity, she can ennoble anything her hand may be called upon to do, and for work done in this spirit there will ever come to her a recompense far outweighing that of silver and gold.

The trained nurse, then, is no longer to be regarded as a better trained, more useful, higher class servant, but as one who has knowledge and is worthy of respect, consideration and due recompense—in a certain degree a member of a profession. She is also essentially an instructor; part of her duties have to do with the prevention of disease and sickness, as well as the relief of suffering humanity. In district nursing we are confronted with conditions which require the highest order of work, but the actual nursing of the patient is one of the least of the duties which the nurse is called upon to perform for the class of people with whom she meets. To this branch of our work no more appropriate name can be given than "Instructive Nursing," for educational in the best sense of the word it should be.

These are some of the essentials in nursing by which it has come to be regarded as a profession, but there still remains much to be desired, much to work for, in order to add to its dignity and usefulness. As the standard of education and requirements becomes of a higher character and the training more efficient, the trained nurse will draw nearer to science and its demands and take a greater share as a social factor in solving the world's needs.

But there is another side to nursing—the ethical—

without which all the work accomplished would be dead and spiritless, and which is the antidote for a too pronounced professional attitude. From this standpoint the nurse's work is a ministry; it should represent a consecrated service, performed in the spirit of Christ, who made himself of no account but went about doing good. The woman who fails to bring this spirit into her nursing misses the pearl of greatest value that is to be found in it. Nor do such materialists injure themselves alone, for they are the ones who bring upon our profession the criticism, so often heard, that the life is apt to make a woman hard, cold and mercenary. The scientific and educational side is important and should certainly receive its due consideration, but none the less should each nurse see to it that the spirit of love for the work's sake is fostered and developed, in order that we may have a professional code of ethics of an eminently practical and helping nature.

Such, then, are some of the responsibilities and privileges that each graduate assumes. A proper conception of our work carries with it the obligation that each individual nurse, by her actions and by her personal character, should do her part to maintain its dignity untarnished. To bring to it any less than the very best that is in us will cause it to sink in the eyes of the public and bring discredit both upon it and upon us. Nothing less than this individual high standard and interest will suffice, if we, as trained nurses, hope to finally evolve an organization worthy in all respects to be ranked as a profession.



bring this spirit into her nursing

materialists injure themselves alone, for

who bring upon our profession the criti-

heard, that the life is apt to make a woman

cold and mercenary. The scientific and educational

side is important and should certainly receive its due consideration, but none the less should each nurse see to it that the spirit of love for the work's sake is fostered and developed, in order that we may have a professional code of ethics of an eminently practical and helping nature.

Such, then, are some of the responsibilities and privileges that each graduate assumes. A proper conception of our work carries with it the obligation that each individual nurse, by her actions and by her personal character, should do her part to maintain its dignity untarnished. To bring to it any less than the very best that is in us will cause it to sink in the eyes of the public and bring discredit both upon it and upon us. Nothing less than this individual high standard and interest will suffice, if we, as trained nurses, hope to finally evolve an organization worthy in all respects to be ranked as a profession.

AMBROISE PARÉ



L. NATOUT, PINX.

COPYRIGHT 1890 WM. WOOD & CO., NEW YORK.

THE RED CROSS NURSE

The praises of the admirals are ringing everywhere;
The plaudits of the generals are singing in the air;
The men who sailed to sink their lives within the Merrimac
(So dauntless they, that even death was fearful to attack!)
The hard marines whose tactics knew no signal for retreat,
In the rain of Mauser bullets and the drench of tropic heat,
The rough and ready riders in their resolute advance,
All make our daily records a continuous romance.
We cry them in our stories; we chant them in our verse,
But let us sing a stanza for the Red Cross army nurse.

She is in the foremost battle, she is in the rearmost tents,
She wears no weapon of attack, no armor of defense,
She is braver than the bravest, she is truer than the true.
She asks not if the soldier struck for red and white and blue;
She asks not if he fell beneath the yellow and the red;
She is mother to the wounded, she is sister to the dead.
The victor's cheers ring in her ears, but these she does not heed;
The victim's moans and dying groans are given as her meed,
And many a suffering hero chokes his blind and sullen curse
To smooth it to a blessing for the Red Cross army nurse.

Work on, O noble army, and the crown of crowns be yours,
Not always shall destruction be the glory which endures:
It is coming; it is coming; you are helping on the day
When we learn the nobler action is to succor, not to slay;
It is coming; it is coming; you are helping it along,
When we know the feeblest nation is as potent as the strong;
It is coming; it is coming! you are bringing it to pass,
When the ships have shed their armor and the fortresses are glass;
But in the stormy waiting till the armaments disperse,
Our blessings on the flower of war—the Red Cross army nurse!

J. E. V. Cooke

THE HUMORS OF HOSPITAL LIFE

THE HUMORS OF HOSPITAL LIFE.

IF ANY class of human beings see human nature as it really it—see their fellow men and women at their best and at their worst, without the varnish of conventionality—surely hospital nurses have unrivaled opportunities for this study, though most of them are too busy and too tired to record their impressions.

After twelve years' experience with patients of every grade, I can fully confirm all that is said by the writer of "Clerical Life" about the callousness of the poorer classes with regard to sickness and death. Kind and helpful to each other they undoubtedly are, but their feelings are blunted, possibly by great familiarity and close contact with every form of suffering and disease. The following stories illustrate this condition.

A hospital sister summoned the wife of one of her patients into her private room, and began to tell the woman gently that the doctors thought very badly of her husband.

"Well, Miss, that's jest wot I sez to 'im lawst visitin' day. 'Tom,' I sez, 'I think you're breakin' up,' I sez. 'But we'd miss yer wages of a Saturday,' I sez, 'if so be as it pleased the Lord to taike yer.'"

Another woman, summoned to see her dying husband, who had met with a street accident, showed every sign of grief. She threw herself on the floor and howled at the top of her voice as the man died. Three days afterward she arrived in the ward arrayed in the deepest widow's weeds.

"Please, I've come for pore Walter's clothes. The Lord's took 'im, but I 'ope, please God, as I'll soon find another."

The Lowland Scottish peasant has also an extremely

matter-of-fact way of speaking about her relatives' and friends' deaths. A good woman who had lost her aunt remarked to a sympathizing visitor, "Eh, yes, mem, aunty's deid. But she was very auld and frail. She's far better awa' and far haapier in glory, and I got a hunner pounds o' a legacy."

Another woman said, àpropos of her husband's death, "Deed aye, Tom's deid. The wee-est thing pits me aboot, ye ken."

And a servant, who had been many years in one family, lost her only sister. She was allowed to go to superintend the funeral arrangements, and returned in the evening. "Well, Mary," said her mistress, "this has been a sad day for you, losing your poor sister?" Said Mary, "Me, ah was glad tae git her oot o' the hoose, an' a' the windies opened."

In a hospital for soldiers' wives in India, a poor woman was about to be invalided home. A lady got her some warm clothing for the voyage. Unfortunately, the patient died before she could be got away. The matron, anxious to improve the occasion, said to the lady who had provided the clothes, "Ah, well, pore soul. She've gorn w'ere she won't never want no more warm clothing!"

The hero of the following story, however, did not speak of his approaching end in an edifying manner:

A poor little street Arab was brought into hospital by the police. He had been run over by an omnibus, and was badly injured. The chaplain was sent for, as it was thought improbable that the boy would live many hours. With little tact the chaplain began the interview thus: "My boy, the doctors think you are very much hurt. Have you been a good little boy?"

Boy (much bored).—You git aout!

Chaplain (shocked).—But I am afraid you are not a good little boy, and you know you may perhaps be going to die.

Boy (anxious to end interview).—Well, t'aint none

o' your business any'ow. Wot's death got to do with you? 'Ave you got a pal in the coffin line?

It is pleasant to be able to relate that this boy finally recovered.

Several stories are told about hospital chaplains. No doubt many earnest men are to be found, who fill this difficult position with comfort to their sick parishioners and honor to themselves. But there are others who are lamentably devoid of that most essential of all virtues, the gift of tact.

Some medical students once averred that the hospital governors, before appointing a chaplain, had advertised thus: "Wanted, a parson of limited intellect and the plainest possible appearance, to officiate as hospital chaplain. Terms very moderate." Certain it is that the gentleman appointed performed his pastoral visits thus:

"*Good*-morning, my friend. *How* are you?"

Patient.—A little better, thank you, sir.

Chaplain (inspecting diet board).—Ah, I see. They have put you on greens. You have much for which to thank your Heavenly Father. *Good*-morning.

The same chaplain, when he went to hold the usual weekly service in a ward, noticed that a certain bed was empty. A good old man had occupied the bed, and the chaplain somewhat prematurely jumped to the conclusion that the patient had died since his previous visit. So he gave an address on the uncertainty of life, and wound up his remarks thus: "God grant, dear friends, that we may all go whither this our brother has gone," pointing to the empty bed. Unfortunately "this our brother" had been removed to the erysipelas ward that morning, as all the other patients knew.

But having illustrated the intercourse between patient and chaplain, let us look at the attitude of the patient to his doctor. As a rule, the patient looks up to his medical attendant, especially to the visiting surgeon or physician, with implicit confidence and a good deal of wholesome awe and reverence.

His anxiety to help the doctor in every way is some-

times unintentionally comic. A senior surgeon was lecturing to a class of students on different appearances of the teeth. "Here, gentlemen, in these two teeth we have well-marked symptoms of——" Patient (interrupting in a deprecating manner), "But please, sir, them two's false 'uns."

Now and then the doctor is believed to be almost omniscient. A patient in a military hospital was constantly getting into hot water because he smuggled food into the wards. One morning his medical officer was about to examine his throat with a laryngoscope. Seeing the little mirror all ready for use, the man's chum whispered an anxious warning from the adjoining bed. "I say, Bill, you'd best 'ave a care. 'Ee moight 'appen to see wot yer 'ad for supper lawst noight."

The dressers in a surgical ward also come in for a share of admiration. Even after a most painful dressing, a small street boy was heard to say in tones of satisfaction, "Ah! them's the blokes as makes a pore young man like me sit up. They does know 'ow to do it."

On recovery the patient's gratitude to the doctor sometimes overflows in speeches like the following remark made by a poor woman after a long illness. "I wouldn't never 'ave got over my lawst illness, if it 'adn't bin for Surgeon-Captain Jones and the Lord."

The subject of gratitude affords some sharp contrasts between the feelings of military and civilian patients. The military patient too often looks upon his nurses as "them gals wot is paid to wait on us." The best efforts of his nurses to provide him with a festive Christmas tea were received on one occasion with solemn silence at the time, and next day with the crushing remark, "That theer tea party of yourn 'ave upset moy inside."

The civilian patient is much more effusive, as may be gathered from the speech of an old man to a somewhat starched and proper probationer (the daughter of a bishop), who was cleaning some glasses near his bed. "W'en I gits out o' 'ere, my dear, I don't mind if I finds yer a nice comfortable sittivation as bar-maid, down

'Ackney way. You knows 'ow to clean glass, an 'd get better money, anyhow."

A quite touching farewell was said by another old man to his nurse in these words: "You've bin a good gal to me, Nuss, a rare good gal. I 'ope as the Lord'll reward yer, but there, we never know!"

IN THE HOSPITAL

Crittenden Marriott

IN THE HOSPITAL.

THE man sitting in the darkened room at the hospital raised his bandaged eyes as the nurse entered. The month that he had been there had not served to change the habit of sight fixed by all the years that had gone before.

"It's for to-night, isn't it, Miss Lee?" he cried, recognizing her step; "to-night I'll get rid of these confounded bandages and see the light of day once more. Oh, you don't know how this month has dragged. It's for to-night, isn't it?"

"I believe so," returned the nurse gently. "But of course the doctor will have to decide. He'll be here soon."

"Gad! How glad I'll be to see once more!" cried the man. "I never could have stood it even for a month if it hadn't been for you. You've been an angel to me."

The nurse blushed softly and cast a very tender look at the man. She answered merrily, "All the nurses here would have been the same. Nine patients out of ten think we are angels while they are in the hospital. They change their minds afterwards."

"I never shall. Do you know, after all, despite all the pain and anxiety, I am glad this thing happened."

"Why?"

"Because it has enabled me to know you. Oh, of course, I have known you to speak to for months, and by sight for years, but that isn't knowing how tender, how sweet, how long suffering you could be. Oh, Miss Lee—Gertrude——"

"Hush! The doctor said you must keep cool, you know. Excitement might injure your eyes."

The man sank back in his chair. "True," he said slowly. "I forgot that I haven't any right to speak now;

I forgot that the result of this operation isn't absolutely certain and that I may be blind—good God! blind—and that, in any case, I must mend my fortunes before I—there, is that the doctor coming?"

The nurse glanced out of the open door into the hall. "Yes," she said, "he's just down the corridor a-ways. You're not going back to your old position right away, are you, Mr. Scott? You oughtn't to try your eyes for a year or so, you know."

"I suppose not. But needs must, you know, when a certain gentleman drives. I'll be dead broke when I get out of here, and I'll have to go to work. Ah! there's the doctor."

The doctor entered and stood for a few moments talking to the man. "Yes," he said, at last, "we'll take the bandages off to-night, I think."

"Thank God! And—and there's no doubt that everything will be all right, is there, doctor?"

"We'll hope for the best," returned the doctor cheerily, his tone a very comfort in itself, although his words were not especially so. He passed out of the door hurriedly, preventing further question, and beckoning to the nurse as he did so to follow him. A few steps down the corridor he halted.

"Nurse," he said with a worried look on his face, "do you know whether your patient has any relatives nearby?"

"I'm sure he has not," answered the girl readily. "I've talked with him repeatedly and learned all about him. He doesn't seem to have a relative in the world."

The doctor's face grew graver. "How is he off for money?"

"He just told me that he would be 'dead broke' when he got out of here. He said he must at once go back to work."

"Back to work at once! He'll be lucky if he ever gets to work again."

The nurse grew white. "Why?" she gasped. "I thought the operation was a certainty."

"A certainty! Yes, it is a certainty, almost—but in the wrong direction. There isn't one chance in a hundred that he'll ever see again."

With a mighty effort the nurse mastered her emotion. "But, doctor," she gasped, "what will become of him?"

"Become of him?" echoed the doctor, irritably. "Become of him? What becomes of blind men who have no friends and no money? We'll keep him as long as we can, and then I suppose he'll have to go to the poorhouse for the rest of his life."

A flush of anger succeeded the pallor of Miss Lee's face. "Why have you deceived him?" she demanded indignantly, with utter disregard of the requirements of discipline. "He is sure that he will get well. He is building on it absolutely. If he doesn't——"

The doctor looked curiously at the girl, then a sense of comprehension came over him. He sighed; he was an old man, but not a callous one. "If you want him to see again, Miss Lee," he said, "be sure to keep him thinking so. In that lies his one chance. Keep him cheerful at all hazards, and possibly——"

The doctor turned away, and the nurse slowly retraced her steps to Scott's room. She had known Henry Scott for a year or more, and had liked and admired him from the first. In the month that they had been thrown together by the accident that had forced Scott to enter the hospital, this feeling had grown to something stronger than liking. For some days she had known what he would say as soon as he could see again, and had known what she would say in answer. In common with the rest of the world around her she had never doubted that all would be well with his sight. Now came this blow.

Never to see again! To go to the poorhouse and there drag out his days! Never! He shall not! He shall not!

But what could she do? Too well she knew Scott's spirit to suppose that he would accept anything from her; that he would ever say the words she longed to hear; the words that would give her the right to care for him; unless his sight was restored. She must get that right

before the bandages were removed. She would lead him on to speak—but no, what good would that do? If he were to be really blind, she knew he would repudiate the bargain.

She must marry him that very day, before the bandages were removed.

Her heart stood still at the thought. All that was womanly in her revolted. But then—the poorhouse! Ah! she would be so proud to work for him, to care for him. She had no one dependent on her and she earned enough to maintain them both. She must do it. There was no other way.

Her thoughts had traveled like lightning. In the few steps between the doctor and the door of Scott's room she had thought it all out. Steadily she entered, and went close to him. "What was it you were saying a moment ago, Mr. Scott?" she asked softly.

"Saying?" The man puzzled for the instant.

"About me?"

"Oh!" with instant comprehension. "O Gertrude, do you really want to hear it?" He groped for her hand, caught it and drew her to him. "Gertrude, it isn't right for me to speak yet, but I must, I must. Oh, darling, I love you so! I love you so! Do you love me?"

The girl bowed her head on his breast. "Yes, yes!" she sobbed, "more than anything else in the world."

"Thank God!" The man grasped the bandages around his head and recklessly tore them off. "I must see you!" he cried. "I must see you! Oh, Gertrude, how beautiful you are!"

But the nurse flung up her hands in horror, and strove to cover his eyes. "Oh, oh, oh!" she wailed. "Don't! You'll ruin your last chance."

But the man clasped her wrists and held her from him.

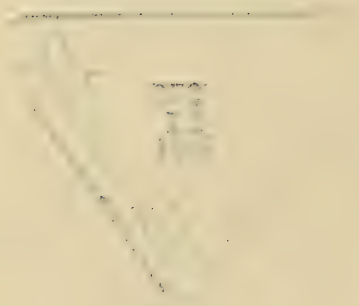
"I see you! I see you!" he cried.

Neither noticed the doctor standing at the door, but at the last words he advanced into the room. "You see, do you?" he asked.

"I do!"

The nurse turned, clasped hands. "Doctor, doctor!" she cried, "is it a success? Will he see?"

"Why of course he will!" answered that gentleman briskly. "The operation has evidently been an entire success."



PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

RA
964
I66
1905
c.1
BMED